

M21000013042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

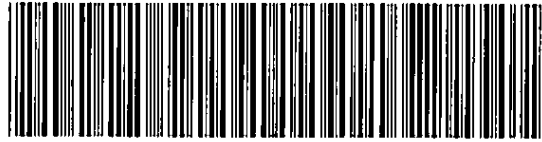
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Division of Corporations  
TALLAHASSEE, FLORIDA

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**CORPORATE  
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**PICK UP:** 10/1 Glinda

- ☒ **CERTIFIED COPY** \_\_\_\_\_
- ☐ **PHOTOCOPY** \_\_\_\_\_
- ☒ **CUS** \_\_\_\_\_
- ☒ **FILING** FOREIGN LLC

1. **TRANSWORLD NETWORK, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TransWorld Network, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Donna Miller and/or Jamie Reed  
Name of Person

TransWorld Network, LLC  
Firm/Company

255 Pine Ave N  
Address

Oldsmar, FL 34677  
City/State and Zip Code

Compliance@epowerc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Reed at ( 813 ) 891-4700 Ext. 4231  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



**TransWorld Network, Corp**  
255 Pine Avenue N • Oldsmar, FL 34677  
877.877.6861

October 1, 2021

VIA E-mail

RE: **TransWorld Network, Corp. P40158**

To whom it may concern:

TransWorld Network, Corp. ("TransWorld") hereby agrees that we will not revoke the Dissolution of TransWorld Network, Corp. Enclosed are the forms to withdraw TransWorld Network, Corp. as a Florida corporation and the required application to file as a new foreign LLC under the name of TransWorld Network, LLC.

Any questions concerning this filing should be directed to Donna Miller, Chief Financial Officer or Jamie Reed, Compliance Manager at 813-891-4700 or [compliance@epowerc.com](mailto:compliance@epowerc.com).

Sincerely,

A handwritten signature in black ink that reads "Jamie Reed". The signature is written in a cursive, flowing style.

Jamie Reed  
Compliance Manager

cc

2021 OCT -4 AM 11:52

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TransWorld Network, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. (The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Minnesota

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 41-1633893

(FEI number, if applicable)

4. August 24, 1992; was filed as an Inc., converted to LLC

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 255 Pine Ave N

(Street Address of Principal Office)

6. 255 Pine Ave N

(Mailing Address)

Oldsmar, FL 34677

Oldsmar, FL 34677

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Colin Wood

Office Address: 255 Pine Ave N

Oldsmar

(City)

, Florida

34677

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

R. Wood

2021 OCT -4 AM 11:52

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Colin Wood

☒ Member Address: 255 Pine Ave N

☐ Authorized Oldsmar, FL 34677

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Donna Miller

☒ Member Address: 255 Pine Ave N

☐ Authorized Oldsmar, FL 34677

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Ami Rodriguez

☒ Member Address: 255 Pine Ave N

☐ Authorized Oldsmar, FL 34677

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Joseph O'Keeffe

☒ Member Address: 255 Pine Ave N

☐ Authorized Oldsmar, FL 34677

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Justin Donaldson

☒ Member Address: 255 Pine Ave N

☐ Authorized Oldsmar, FL 34677

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Donna Miller*

Signature of an authorized person

Donna Miller

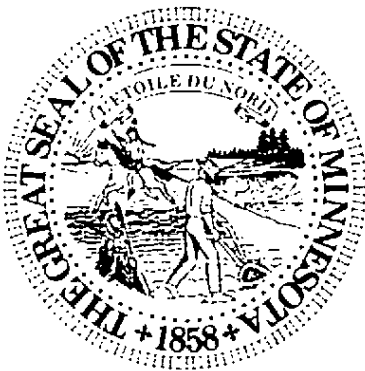
Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	TransWorld Network, LLC
Date Filed:	11/25/2020
File Number:	1195484200050
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 10/01/2021



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota