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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

R	ΕQι	JEST	DAT	ŒĴ	11/	15/	2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 966097

ORDER ENTITY\_\_\_\_

TMGOC 751 JACKSONVILLE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:  TMGOC 751 JACKSONVILLE, LLC (FL)						
File the attached foreign qualification document						
NOTES:						
\$125.00 Authorized Email address for annual report reminders: glenn@opterracapital.com						
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: 120050000052						
Please bill the above referenced account for this order.						
If you have any questions please contact me at 656-7956,						
Sincerely,						

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 15, 2021 Page 1 of 1

## 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:

TMGOC 751 Jacksonv	ille, LLC Limited Liability Company; must include "Limite	d Liability Commune	77 C "06 "17 C"	·	
(traile of foleign	Entitled Islanding Company, mass menade Entitle	o chomy company,	Lie. C., Or Lie.	,	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida 'The alternate name	must include "Limited	Liability Company," "L.L.	C," or "LLC"
Delaware		3.			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI nu	mber, if applicable)	<u>_</u>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ine penalty liability)		<del></del>	
2385 NW Executive C	enter Drive, Suite 240	,		er Drive, Suite 240	
rees Address of Philospal Office)		{Mailing	(Address)		
Boca Raton, FL 33431	<del></del>	Boca Rator	n, FL 33431		<del></del>
		_		2000	<b>\</b>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		SSERVA TOWN THE	771 100
Name:	Glenn Alba			15 AH	FILED.
Office Address:	2385 NW Executive Center Drive, Suit	e 240		9: 23	ć
	Boca Raton	. Flo	33431 orida		
	(Cay)	\ <u>-</u>	(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.

(Registered agents signature)

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: Title or Capacity: Name and Address: Name: Glenn Alba □ Manager □Manager Name: Address: 2385 NW Executive Center Dr. □Member ☐ Member Address: STE 240, Boca Raton, FL 33431 **X** Authorized ☐ Authorized Person Person □ Other \_\_\_\_\_ □Other Other □Other\_\_\_\_\_ □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Member Address: Address: \_\_\_\_ ☐ Member ☐ Authorized ☐ Authorized Person Person ☐ Other Other\_\_\_ ☐ Other Other □Manager Name: □Manager Name: □Member Address: □Member Address: \_\_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_\_ □Other □Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Glenn Alba

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TMGOC 751 JACKSONVILLE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TMGOC 751

JACKSONVILLE, LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204684469

Date: 11-15-21