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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

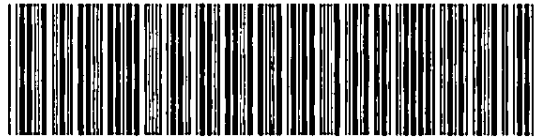
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T L M #1 LTD LIABILITY COMPANY
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:

Toby Flanagan
Name of Person

Firm/Company

3 Race Rock Road
Address

Waterford, CT 06385
City/State and Zip Code

flan5940@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Flanagan at (860) 884-7864
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TLM #1 LTD. Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

TLM #1, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Connecticut 3. 46 447 1949
(Jurisdiction under the law of which foreign limited liability company is organized) (EIT number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability)

5. 1800 Atlantic Blvd
(Street Address of Principal Office)

6. 3 Race Rock Road
(Mailing Address)

Unit B314

Waterford CT

Key West FL 33040

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

Name: Timothy Flanagan

Office Address: 1009 South Street Apt C

Key West Florida 33040
(City) (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.

[Signature]
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Toby Flanagan

☒ Member Address: 3 Race Rock Rd

☐ Authorized Waterford, CT 06385

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Kevin Flanagan

☒ Member Address: 3 Race Rock Rd

☐ Authorized Waterford, CT 06385

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Toby J. Flanagan
Signature of an authorized person

Toby Flanagan
Typed or printed name of signee

Secretary of the State of Connecticut

Certificate of Legal Existence

Longform Certificate

Date Issued: November 16, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	TLM#1, LTD LIABILITY COMPANY
Business ALEI	US-CT.BER:1127720
Formation Date	12/20/2013

Filing History

<i>Filing Type</i>	<i>Filing Date & Time</i>	<i>Effective Date & Time</i>
Certificate of Organization	12/20/2013	
Annual Report(2014)	3/17/2015	
Annual Report(2015)	8/3/2016	
Annual Report(2016)	12/2/2016	
Annual Report(2017)	12/8/2017	
Annual Report(2018)	3/13/2018	
Annual Report(2019)	2/8/2019	
Annual Report(2020)	3/18/2020	
Annual Report(2021)	3/6/2021	



Business ALEI: US-CT.BER:1127720

Certificate Number: C-00015895

Note: To verify this certificate, visit [Business.ct.gov](https://business.ct.gov)

Secretary of the State of Connecticut Certificate of Legal Existence

Longform Certificate

Secretary of the State