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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S. **ROBERTS**

COVER LETTER

TO:

Registration Section

| JBJECT: | Tigress Holdings, LLC | | | | | |
|---------------------------------------|--|---|--|--|--|--|
| Name of Limited Liability Company | | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor | | | | |
| ease return | all correspondence concerning this matter to | o the following: | | | | |
| | Cynthia DiBartolo | | | | | |
| | Name of Person | | | | | |
| | Tigress Holdings, LLC | | | | | |
| | Firm/Company | | | | | |
| | 88 SW 7th Street, Suite 3308 | | | | | |
| | Address | | | | | |
| | Miami Florida, 33130 | | | | | |
| | C | City/State and Zip Code | | | | |
| | cdibartolo@tigressfp.com | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | |
| r further i | nformation concerning this matter, please ca | II: | | | | |
| Су | nthia DiBartolo | 917 251 8378 at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | | |
| Division of Corporations | | Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | closed is a check for the following amount: | | | | | |
| | ase make check payable to: FLORIDA DEF \$125.00 Filing Fee | | | | | |
| <u>.</u> | \$125.00 Filing Fee | | | | | |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| If name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flo | orida. The alternat | e name must include "Limited Liability | Company," "L.L. | C," or "1.1 | C.") |
|--|--|--|--|-----------------|------------------|----------------------------|
| Delaware 2. | | 27-2 3. | 2127752 | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | ٥ | (FEI number, if a | applicable) | | |
| June 1st, 2021 | | | | | | |
| *· <u>-</u> | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin | registration) ne penalty liability | ķī | _ | | |
| Tigress Holdings, LLC | | Tigr | ess Holdings, LLC | | | |
| Street Address of Principal Office) | | 0 | (Mailing Address) | | | |
| 88 SW 7th Street, Suite 3308 | | 88 S | W 7th Street, Suite 3308 | | | |
| Miami Florida, 33130 | | Miar | ni Florida, 33130 | EGE. TALL | 2 021 DÉC | e |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT accep | table) | AHASS | 22 | 61 43 17 18 18 |
| Mark Greenberg Name: | | | _ | | РН : Г | F.) |
| Office Address: | 88 SW 7th Street, Suite 3308 | | _ | נדי | 9 | |
| | Miami | | 33130 , Florida | | | |
| (City) | | | (Zip code) | _ | | |

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.

| Much Condon | | |
|-------------|--------------------------------|---|
| | (Registered agent's 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: Cynthia DiBartolo ■Manager □Manager Name: ____ 88 SW 7th Street, Suite 3308 Address: **■**Member ☐Member Address: _____ Miami, Florida 33130 □ Authorized ☐ Authorized Person Person □Other □Other_____ Other □Other □Manager □Manager Name: Name: □Member Address: ☐Member Address: ____ ☐ Authorized ☐ Authorized Person Person ☐Other_ _____ Other____ Other____ □Other______ Name: _____ □Manager Name: □ Manager □Member Address: □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □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. Signature of an authorized person

Typed or printed name of signee

Cynthia DiBartolo



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

DELAWARE, DO HEREBY CERTIFY "TIGRESS HOLDINGS, 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIGRESS HOLDINGS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2010.

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

Authentication: 205050074

Date: 12-21-21