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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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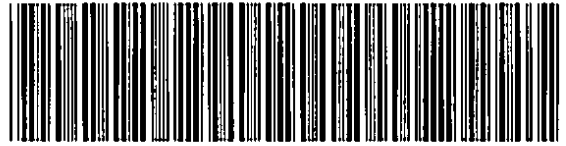
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

S. HAWKES
JAN - 2021

ALLYSON KEMPNER

50 Riverside Blv., Apt. 19A, New York NY 10069 | (201) 888-3734 | Allyson.Kempner@gmail.com

December 20, 2021

VIA Mail

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

Re: Talking With Tata, LLC

To Whom It May Concern:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida:" Certificate of Use authenticated by the State of New York on December 20, 2021 and check made payable to the Florida Department of State in the total amount of \$160.00 are enclosed herein to register the above referenced limited liability company to transact business in Florida. The enclosed check represents the total amount due for all associated filing fees, Certificate of Status and Certified Copy.

Please return all correspondences concerning this matter to the following address:

Allyson Kempner
Talking With Tata, LLC
50 Riverside Blvd., Apt. 19A
New York, New York 10069

Alternatively, correspondences concerning this matter may be returned to:

Andie Schneider
1201 20th Street, Unit 408
Miami Beach, Florida 33139

We can also be contacted at talkingwithtata@gmail.com, and this email can be used for all future annual report notifications.


For further information concerning this matter, please call Allyson Kempner at 203-888-3734 or Andie Schneider at 305-343-6522.

Thank you for your attention to this matter.

Sincerely,

Allyson Kempner

Enclosures.



**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. Talking With Tata, 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. New York 3. 87-3951713
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. Talking With Tata, LLC, c/o Allyson Kempner 6. Talking With Tata, LLC, c/o Allyson Kempner
(Street Address of Principal Office) (Mailing Address)

50 Riverside Blvd., Apt. 19A 50 Riverside Blvd., Apt. 19A

New York, New York 10069 New York, New York 10069

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

Name: Andie Schneider

Office Address: 1201 20th Street, Unit 408

Miami Beach, Florida 33139
(City) (Zip code)

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OF FL
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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.

Andie Schneider
(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:

☒ Manager Name: Allyson Kempner

☒ Member Address: 50 Riverside Blvd, Apt. 19E

☒ Authorized New York, New York 10069

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Andie Schneider

☒ Member Address: 1201 20th Street, Unit 408

☒ Authorized Miami Beach, Florida ~~Unit 408~~

Person 33139

☐ 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.

Allyson Kempner
Signature of an authorized person

Allyson Kempner
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TALKING WITH TATA, LLC
DOS ID Number: 6347483
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/11/2021

Statement Status: CURRENT
Statement Due Date: 12/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 20, 2021 at 12:32 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State