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#### COVER LETTER

Registration Section Division of Corporations

TO:

UBJECT:	TSICOM LLC Name	of Limited Liability Company
The enclosed "A Existence, and c	application by Foreign Limited Liability C heck are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate eferenced foreign limited liability company to transact business in Floridation
lease return all	correspondence concerning this matter to	the following:
	Walter A. Pichardo	5
		Name of Person
	TSICOM LLC	
		Firm/Company
	11211 Katy Fwy	Ste 425
		Address
	Houston, TX 77	Address 222
	Ci	ity/State and Zip Code
	walter.pichardo@	used for future annual report notification)
	E-mail address: (to be	used for future annual report notification)
For further info	rmation concerning this matter, please cal	t: 33
	Walter A. Pichardo	832 844-5201 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: <b>FLORIDA DEP</b> 25.00 Filing Fee  \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & LY\$160.00 Filing Fee, Certificate

### 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 TAMITED LIABILITY

unavailable, enter alternate nam	e adopted for the purpose of transacting business in Flo	orida The alte	ernate name must include "Li	mited Liability Con	ipany, "L.L	C," or
Texas		3	84-2955462			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, it applicable)				
			<u>.</u>			
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ) ine penalty ha	bility)			
11211 Katy Fwy		6	Same as principal (Mailing Address)	loffice		_
Address of Principal Office)		··· <u> </u>	(Mailing Address)		202	
Suite 425				, •	2022 JAN	(12
Houston, TX 77079		-			H 21	•
fame and <u>street address</u>	of Florida registered agent: (P.O. Box	: <u>NOT</u> ac	eceptable)	12. 12. 12. 13.	PM 2: 35	3
Name:	Victor Icabalceta					
Office Address:	10710 NW 7th St #4	_				
·	Miami		33 , Florida	172		
	(City)			p 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.

> QNB NUTET NONE 17 2021 12 78 EST) (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]:

<u> Fitle or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:
<b>X</b> iManager	Name:Walter A. Pichardo	□Manager	Name:
<b>X</b> Member	Address:	□Member	Address:
□Authorized	Stc 425	□Authorized	
Person	Houston Tx 77079	Person	
<b>■</b> OtherCE <b>®</b>	Other	□Other	Other
□Manager	Name:	□Mamger	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	2
□Manager	Name:	□Manager	Name: Sylvan P
□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. 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 out 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.

Walter Pichil 00 to 1.0.		
Walter Pichilloon U.J. 1.0.	Signature of an authorized person	
	Walter A. Pichardo	

#### To Whom It May Concern:

This is a formal letter giving permission to the State of Florida to use the name of TSICOM LLC to open in the State of Florida. The dissolution number is L2100050831 and the active and rejected filing is W21000160803. All details are on the dissolution certificate attached with the application submitted as well as the email. Please have the effective filing date of business to be 01/01/2022.

Thanks,

Christine Russell
CFO TSICOM LLC
Houston Office

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



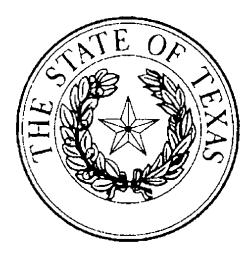
## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TSICOM LLC (file number 803408315), a Domestic Limited Liability Company (LLC), was filed in this office on August 29, 2019.

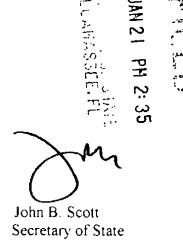
It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 22 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

x: (512) 463-570 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1113356680004