To: -18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000041205 3)))



H220000412053ABCQ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

: (323)962-8600 Phone Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## Foreign Limited Liability Company TABKEYS LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

## COVER LETTER

SUBJECT: _	Name of	Climited Liability (	Company
The enclosed 'Existence, and	"Application by Foreign Limited Liability Cond check are submitted to register the above refe	npany for Authoriza renced foreign lum	ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida
lease return a	all correspondence concerning this matter to th	e following	
	Cheyenne Moseley		
	ì	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	City/	State and Zip Code	*
	stacte@mullerbohlin.net		
	E-mail address: (to be us	ed for future annua	Freport notification)
For further in	formation concerning this matter, please call;		
Che	yenne Moseley	800 at (	773-0888
	Name of Contact Person	Area Code	Daytime Telephone Number
Divis Regi P O	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Pleas	losed is a check for the following amount: se make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee Certificate of S	& 🗷 \$155.00	TE Diffling Fee & \$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 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

isine dializatable, enter alteriate i	ame adopted for the purpose of wankacting business in I k	orida. The alternate name mu	ist include "Limited Liability C	Company 7 L.L.C. or LL
Delaware		3		
(lurisdiction ander the law of w	high foreign bine of hability company is organized)		(Ell rumber, d'a	applicable)
	(Date liest transmeted business in Florida, it prior to Nec outcome (0.5 (2004), \$605, \$7.8, in determ	o registrations)		<del>_</del>
	(See sections 605 (PDS & 605 PDS, F.S. in determ		7. 1	
139 Bessie Rd	Pancipal (Iffice)	6	(Mailing Address)	
Tavernier, FL 33070		Tavermier,	FL 33070	
		<del></del>		
N	ss of Florida registered agent: (P.O. Boy	x <u>NOT</u> acceptable)		SECRETALLAHA
Name and street addre				PEB - I DRETARY AHASSE
Name and street aggree	UNITED STATES CORPORATION	AGENTS, INC.		- SE ~
	5575 S. Semoran Blvd., Suite 36	AGENTS, INC.		
Name <sup>.</sup>	5575 S. Semoran Blvd., Suite 36 Orlando	AGENTS, INC.	32822 orida	

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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY. UNITED STATES CORPORATION AGENTS, INC.

Page: 5 of 6

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:
Manager	Name: Tiffany Boldin	Manager	Name:	
Member	Address: 1701 Tower Or	Member		
Authorized	Edgewater, NJ 07020	Muthorized	•	
Person		Persen		
Other.	Other	Other		[]Other
·	•			
Manager	Name:	Manager	Name:	
Member-	Address:	☐ Meinber	Address:	namental samuel and the company of the control of t
Authorized		Authorized.		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Nume:	· · · · · · · · · · · · · · · · · · ·
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
[Other	Other	Other	mrd mad 7 98449 975000	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 filling 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, 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155. F.S.

Tiffany Bohtin

Typed or principation of signer

Page: 6 of 6



Page 1

From: Laura Rodriguez

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TABKEYS 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-EIGHTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TABKEYS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 202515178

Date: 01-28-22