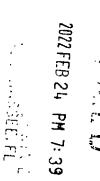
# WQ2000003146

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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8. FRANKLIN MAR 0 1 2022

### COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Thomas Tickets U	Limited Liability Company
Name of 1	Aimited Datability Conspany
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	following:
Joseph T	Momas ame of Person
[36]	ane of retson
147	ickets uc
,,	an Company
944 E	ast Shadowlawn Ave &
	Address
Tampa, FL	Address  - 33603 tate and Zip Code  NOMUS (Def Multi-Com 1738)  I for future annual report notification)
City's	inte and Zip Code
Josephnt	nomas@gmall.com 🐘 🗂 🕻
E-mail address; (to be used	I for future annual report notification)
For further information concerning this matter, please call:	
Joseph Thomas	at 804, 494-5132
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303
	rananasee. 14. 22.702
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR7  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	S155.00 Filing Fee & IV \$160.00 Filing Fee, Certificate
Certificate of Sta	tus Certified Copy of Status & Certified Copy

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

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

	S, UC. Liability Company, must include "Limited I.			<del>-</del>
2. Chrisdiction under the law of which foreign	ted for the purpose of transacting business in Floric en limited liabibis company is organized)	the alternate name must include "Lim" $46 - 49 \frac{1}{0.15}$		"LLC")
4. 3/2/1861 (See	e first transacted business in Florida, if prior to regi e sections 605 0901 & 605 0905, ES to determine	istration ) penalty hability)		
5 944 East St	radowlawn ave	6. 944 East	shadowlaw	n Ave
Tampa, FL 3	nadowlawn ave 3003	Tampa, FL	. 33603 BZ1 PZ	
	orida registered agent: (P.O. Box <u>N</u>		PH 7: 40	
Name:	Joseph Thomas	I/		
Office Address:	Joseph Thomas 944 E. Shadon Tampu	Junn Ave	3603	
Registered agent's acceptance:	greass d agent and to accept service of pro	(Ziji C	init )	he place

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.

Proprisend agent - signification

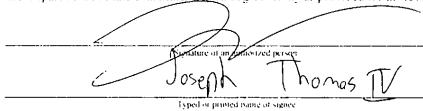
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: JOSEPH MOMUS	□Manager	Name:	
∐Member	Address: 944 East Shadowlav	MAVE	Address:	
∐Authorized	tampa, FL 331003	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
(Untanager	Name: Rebecca Shaw	□Manager	Name:	
□Member	Address: 944 East	□Member	Address:	
[]Authorized 3	Shadowlawn Ave	□Authorized		
Person	Tampu, FL 33403	Person		
Other	□Other	☐Other		Other 222
				FEB 2
□Manager	Name:	□Manager	Name:	∪
∐Member	Address:	□Member	Address:	GO PR
□Authorized		□Authorized		5
Person		Person		
□Other	Other	□Other	<del></del>	□Other

<u>Important Notice</u>: 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 (T) (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.



# Common brealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Thomas Tickets, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on February 24, 2014; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

February 10, 2022

Bernard J. Logan, Clerk of the Commission



February 2, 2022

JOSEPH THOMAS 944 EAST SHADOWLAWN AVE TAMPA, FL 33603 US

SUBJECT: THOMAS TICKETS LLC

Ref. Number: W22000011251

We have received your document for THOMAS TICKETS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00002675

RECEIVED FEB 2 4 2022