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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

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

Email Address: agents@tracagents.com

Foreign Limited Liability Company
FTPW, LLC, a Delaware limited liability company

Certificate of Status	1
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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10/20/2022 11:30:25 AM PAGE 1/001 Fax Server



October 20, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE FARR LAW FIRM

SUBJECT: FTFW, LLC, A DELAWARE LIMITED LIABILITY COMPANY
REF: W22000132714

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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

STANTON E ROBERTS
Regulatory Specialist II

FAX Aud. #: H22000358325
Letter Number: 722A00023532

From: FAX EXTENSION Fax: 19415059999
850-617-6381

To: 8506176383@rcifax.com Fax: (850) 617-6383 Page: 5 of 8 10/21/2022 3:09 PM
10/21/2022 1:00:40 PM PAGE 1/001 Fax Server



October 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE FARR LAW FIRM

SUBJECT: FTPW, LLC
REF: W22000133394

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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

FAX Aud. #: H22000358325
Letter Number: 122A00023654

DocuSign Envelope ID: 97E29EC3-2B4A-45E8-BCDC-978ABE039F98

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. FTPW, LLC, a Delaware limited liability company

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FTPW 1, LLC, a Delaware limited liability company

(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.")

Delaware

88-4201337

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

The entity has not transacted business in the State of Florida prior to this filing

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

310 W. Venice Ave.

310 W. Venice Ave.

5. (Street Address of Principal Office)

6. (Mailing Address)

Suite 201

Suite 201

Venice, Florida 34285

Venice, Florida 34285

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

Name: TRAC- The Registered Agent Company

Office Address: 236 E. 6th Avenue

Tallahassee

32303

(City)

, Florida

(Zip 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.

DocuSigned by:

elli fuller
(Registered Agent, N/A, N/A, N/A)

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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:☒ ManagerName: Scott Pinkerton☐ MemberAddress: 570 N. River Road☐ AuthorizedVenice, Florida 34293

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:☒ ManagerName: Donna Guinta☐ MemberAddress: 20359 Cristoforo Place☐ AuthorizedVenice, Florida 34293

Person _____

☐ 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.

DocuSigned by:

David A. Holmes

Signature of authorized person

David A. Holmes, Authorized Representative of a Member

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FTFW, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FTFW, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

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



7037060 8300

SR# 20223795113

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204643797

Date: 10-18-22