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S. ROBERTS 00T 2 7 2022

COVER LETTER

TO:	Registration Section Division of Corporations	
SURD	Tax Advisors America LLC	
.,,,,,,,	Nan	Name of Limited Liability Company Y Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of mitted to register the above referenced foreign limited liability company to transact business in Florida. mee concerning this matter to the following: Value of Person
Please	return all correspondence concerning this matter	to the following:
	David M McInerney	
		Name of Person
	UF Resources Corporation	
		Firm/Company
	8725 Pendery Place	
		Address
	University Park, FL 34201	
		City/State and Zip Code
	dmcinerney@ufresources.com	
	E-mail address: (to b	oe used for future annual report notification)
For fur	ther information concerning this matter, please ca	all:
	David M McInerney	
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporations The Centre of Tallahassee
	Enclosed is a check for the following amount:	Tallahassee, FL 32303 PARTMENT OF STATE ce & \$\Boxed{\Boxes}\$\$ \$\$\$\$ \$

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

IN COMPILANCE 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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liabili	y Company," "L.L.C.," or "LLC,")	, ,	
f name unavailable, enter alternate i	tame adopted for the purpose of transacting business in F	lorida, The	alternate name must include "Limited Liabil	ity Company," "L.L.C,	" or "LLC
Delaware			88-4180344		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	3(FEI number, if applicable)		
•	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratar	n.) Japačský	 -	
8725 Pendery Place	(SEE SECRETARY TO SECOND AND TO SECOND AND THE COLUMN	ne primary	8725 Pendery Place		
treet Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6.	(Minding Address)		
Ste 104			Stc 104		
University Park, FL 34	201		University Park, FL 34201) 2627 C
Ni	- 6 El - id id d (0 C D	NUNT		,	-
Name and street address	s of Florida registered agent: (P.O. Box	MOL	icceptable)	· :	17
Name:	InCorp Services, Inc.				
range.	17888 67th Court North			 	
Office Address:					
	I.oxahatchee		33470 , Florida		
	(City)		(Zip ende)		

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 seent.

Fanice Mull Janice Null on behalf of InCorp Services, Inc.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Rich Follett Name: Dick Follett **■**Manager □Manager 8725 Pendery Place Address: _ 8725 Pendery Place Address: **■**Member ■Member Suite 104 Ste 104 □ Authorized □ Authorized University Park FL 34201 University Park, FL 34201 Person Person Other___ Other___ Other____ Other_ Jim Boyles Name: Beau Follett □Manager □ Manager 8725 Pendery Place 8725 Pendery Place Address: **■**Member **■**Member Suite 104 Suite 104 □ Authorized □ Authorized University Park FL 34201 University Park FL 34201 Person Person Other____ □Other____ Other_ Other_ □Manager Name: [] Manager Address: ____ Address: □Member □Member □ 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. Nonindexed 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.

Typed or printed name of signee

Dick Follett, Manager

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAX ADVISORS AMERICA 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 FIFTH DAY OF OCTOBER, A.D. 2022.



Authentication: 204552369

Date: 10-05-22