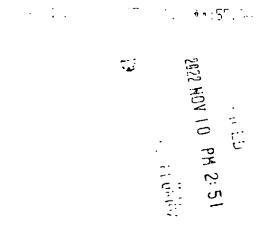
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October 12, 2022

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: TTW Vending, LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$155.00 made payable to the FL Dept of State. For information in regards to this filing, please contact me at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



## 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 TTW Vending, LLC		
(Name of Foreign	Limited Liability Company; must include "Limited Liab	llity Company," "L.L.C.," or "ELC.")
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. T	The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")
Georgia 2		3
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3(FEI number, if applicable)
4	(Date first transacted business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine pena	
	(See sections 605.0904 & 605.0905, F.S. to determine pen	ition.) alty liability)
6484 BullRun Court		PO Box 675081 6. (Mailing Address)
Street Address of Principal Office)		(Mailing Address)
Pensacola, FL 32503		Marietta, GA 30067
7. Name and street addres	ss of Florida registered agent: (P.O. Box NO	T acceptable)
<u> </u>		
Name:	Registered Agents Inc	
Office Address:	7901 4th St N., Ste 300	
	St. Petersburg	33702 . Florida
	(City)	. Florida (Zip code)
Registered agent's accep		022
Having been named as re designated in this applica	gistered agent and to accept service of procestion. I hereby accept the appointment as revi	ss for the above stated limited liability company at the place istered agent and agree to act in this capacity: I further agre
to comply with the provisi	ions of all statutes relative to the proper and c	complete performance of my duties, and I am familiar with
ana accept the obligation.	s of my position as registered agent.	· · · · · · · · · · · · · · · · · · ·
	But	
	(Registered agent's signatur	2: 5
		<del></del>

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: Tilden Whitfield Name: Thapelo Whitfield □Manager □ Manager Address: \_\_\_\_ Address: 6484 BullRun Court **■**Member ■ Member Pensacola, FL 32503 Pensacola, FL 32503 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_ □Other \_\_\_\_ □ Manager Name: \_\_\_ □Manager Name: \_\_\_\_\_ □Member Address: Address: \_\_\_\_\_ □Member ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ ☐Other\_\_\_\_ Other Other\_\_\_\_ □ Manager Name: \_\_\_\_ Name: \_\_\_\_\_ □Manager □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. 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. 10/12/2022 Thapslo Whitfield
Signature of an authorized person

Typed or printed name of signer

Thapelo Whitfield

Control Number: 22202273

#### STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## TTW Vending, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23755108 Date Inc/Auth/Filed: 09/19/2022 Jurisdiction : Georgia Print Date : 10/06/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State