

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M2300000220**

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

From:  
Account Name : PAVESE LAW FIRM  
Account Number : 120130000057  
Phone : (239)334-2195  
Fax Number : (239)332-2243

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

Email Address: Michaellehner1@pavelaw.com

Foreign Limited Liability Company  
TKS Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05 6
Estimated Charge	\$125.00

2023 JAN 5 11:41 AM

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CORPORATION

Jan. 5, 2023 9:32AM  
H 22 000435 243

No. 1756 P. 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TKS Properties, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida

Please return all correspondence concerning this matter to the following:

Michael P. Lehnert  
Name of Person

Pavese Law Firm  
Firm/Company

1833 Hendry Street  
Address

Fort Myers, FL 33901  
City/State and Zip Code

michaellehnert@paveselaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Lehnert at ( 239 ) 336-6281  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

TKS Properties of FL, LLC  
(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.")

2. Massachusetts 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 115 Broadway  
(Street Address of Principal Office)  
Everett, MA 02149

6. 115 Broadway  
(Mailing Address)  
Everett, MA 02149

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

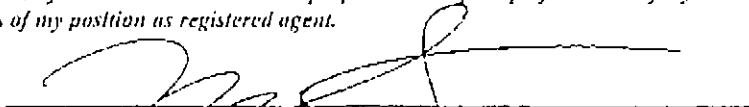
Name: PLF Registered Agent, LLC

Office Address: 1833 Hendry Street

Fort Myers, Florida 33901  
(City) (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.

  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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Jan. 5. 2023 9:02AM

No. 1758 P. 4

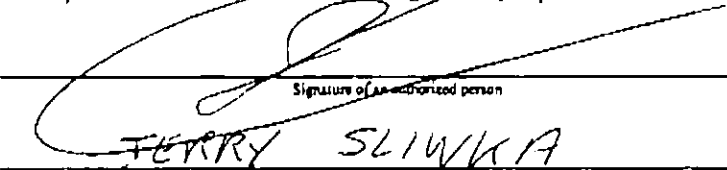
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jerry Sliwka</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>115 Broadway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Everett, MA 02149</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
JERRY SLIWKA  
 \_\_\_\_\_  
 Typed or printed name of signer



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: December 20, 2022

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed  
in this office by

**TKS PROPERTIES, LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on  
**July 10, 2013.**

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;  
that said Limited Liability Company has not been administratively dissolved; and that, so far as  
appears of record, said Limited Liability Company has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth

Certificate Number: 22120452510

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bcd