

M230000003608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

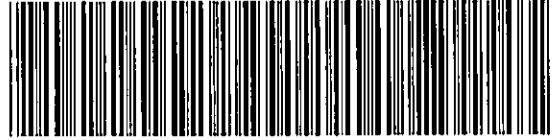
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/23--01009--010 **160.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

TAPFORCE LLC

SUBJECT: _____
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:

ALEXANDER TSOUKIAS

Name of Person

TAPFORCE LLC

Firm/Company

700 S. ROSEMARY AVE, SUITE 204 #2005

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

OPS@TAPFORCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER TSOUKIAS

718

300-1256

at ()

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:

TAPFORCE LLC

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

DELAWARE

82-4362695

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

3. _____
(FEI number, if applicable)

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

700 S. ROSEMARY AVE, SUITE 204 #2005

700 S. ROSEMARY AVE, SUITE 204 #2005

5. _____
(Street Address of Principal Office)

WEST PALM BEACH, FL 33401

6. _____
(Mailing Address)

WEST PALM BEACH, FL 33401

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

ALEXANDER TSOUKIAS

Name: _____

700 S. ROSEMARY AVE, SUITE 204 #2005

Office Address: _____

WEST PALM BEACH

33401

_____, Florida _____
(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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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 type="checkbox"/> Manager	Name: _____	ALEXANDER TSOUKIAS		<input type="checkbox"/> Manager	Name: _____		
<input checked="" type="checkbox"/> Member	Address: _____	700 S. ROSEMARY AVE		<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	_____	SUITE 204 #2005		<input type="checkbox"/> Authorized	_____		
Person	_____	WEST PALM BEACH, FL 33401		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	_____			<input type="checkbox"/> Authorized	_____		
Person	_____			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	_____			<input type="checkbox"/> Authorized	_____		
Person	_____			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

ALEXANDER TSOUKIAS

Typed or printed name of signer

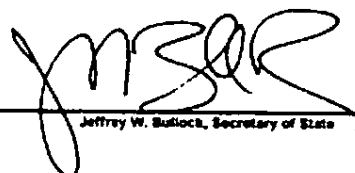
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAPFORCE 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 TENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAPFORCE LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2018.


Jeffrey W. Bullock, Secretary of State

6743109 8300

SR# 20230465012

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

Authentication: 202688841

Date: 02-10-23