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## **COVER LETTER**

TO:

г <b>О</b> :	Registration Section Division of Corporations						
SUBJEC	Target Marketing, LLC						
Name of Limited Liability Company							
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this m	atter to the following:					
	Glenn Tracey						
		Name of Person					
	Target Marketing, LLC						
		Firm/Company					
	110404 Cronridge Drive						
	<del></del>	Address					
	Owings Mills, Maryland 21117						
	City/State and Zip Code						
	glenn@tmgroup.com						
	E-mail address:	(to be used for future annual report notification)					
For furth	ner information concerning this matter, plea	ase call;					
	Glenn Tracey	443 738-3111 at ( )					
	Name of Contact Person						
	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 amore Please make check payable to: FLORIDA   □ \$125.00 Filing Fee ■ \$130.00 Filing Certification	A DEPARTMENT OF STATE					

## 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:

Marlyand			alternate name must include "Limited Liabil	,		
	which foreign limited liability company is organized)	3.	52-2208327 (FEI number,	:Ca-Pashis		_
(Jurisdiction under the law of v	vinen foreign innifed flability company is organized)		(P.E.) number,	п аррисавіе)		
N/A						
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration	t.) Hability)			
11404 Cronridge Driv	e	_	11404 Cronridge Drive			
et Address of Principal Office)		6.	(Mailing Address)			_
Owings Mills, Maryland 21117			Owins Mills, Maryland 21117			
						_
Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> :	acceptable)	<del></del> ;	CUCO MAR	
					J HA	थक∵; .ì
	John Lashy			۲۰۰۰ (		
Name:	John Leahy			[] ; [] ;	<del>20</del> 2	१ च्या पुरस्
	John Leahy 8355 Excalibur Circle, L-5			EAHASS	27	727
Name: Office Address:	·			EAHASSETT.	27 PM	172.77 174.77 174.77 174.77
	8355 Excalibur Circle, L-5 Naples		34108	EAHASSELFL	27	727
	8355 Excalibur Circle, L-5 Naples			EAHASSELEL	27 РН կ։	727
Office Address:	8355 Excalibur Circle, L-5  Naples  (City)		34108 , Florida	EAHASSELEL	27 PH 1; 2	727
Office Address: gistered agent's accep ving been named as re	8355 Excalibur Circle, L-5  Naples  (City)  otance: egistered agent and to accept service of	f process	, Florida 34108 (Zip code)  for the above stated limited lia	ability comp	27 PH 1; 28	the pl
Office Address: gistered agent's accep ving been named as re ignated in this applice	8355 Excalibur Circle, L-5  Naples  (City)  otance: egistered agent and to accept service of accept the appointment	f process as regist	, Florida 34108 (Zip code)  for the above stated limited liaered agent and agree to act in	ability comp	27 PH 14: 28  vary at 1  ty. I fut	the pl
Office Address: gistered agent's acception of the second agent as resignated in this application of the provise comply with the provise agent as a second agent ag	8355 Excalibur Circle, L-5  Naples  (City)  otance: egistered agent and to accept service of	f process as regist	, Florida 34108 (Zip code)  for the above stated limited liaered agent and agree to act in	ability comp	27 PH 14: 28  vary at 1  ty. I fut	the pl
Office Address: gistered agent's acception of the second agent as resignated in this application of the provise comply with the provise agent as a second agent ag	8355 Excalibur Circle, L-5  Naples  (City)  otance: egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the prop	f process as regist	, Florida 34108 (Zip code)  for the above stated limited liaered agent and agree to act in	ability comp	27 PH 14: 28  vary at 1  ty. I fut	the prother
Office Address: gistered agent's acception of the second agent as resignated in this application of the provise comply with the provise agent as a second agent ag	8355 Excalibur Circle, L-5  Naples  (City)  otance: egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the prop	f process as regist of and go	, Florida 34108 (Zip code)  for the above stated limited liaered agent and agree to act in	ability comp	27 PH 14: 28  vary at 1  ty. I fut	the pl
	·			E AND ASS	27	

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: Name: John Leahy Name: Glenn Tracey □Manager □Manager 8355 Excalibur Circle, L-5 Address: \_\_\_ ■ Member ■ Member Naples, Florida 34108 Owings Mills, Maryland 21117 □Authorized ☐ Authorized Yes Yes Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other \_\_\_\_\_\_ □Other\_\_\_\_ □ Manager Name: □Manager Name: \_\_\_\_\_ Address: □Member □Member Address: ☐ Authorized ☐ Authorized Person Person □Other □Other □Other □Other □Manager Name: □Manager Name: □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. Digitally signed by Glenn Tracey
Date: 2023.03.22 10:47:14 -04'00' Signature of an authorized person

Glenn Tracey

## STATE OF MARYLAND Department of Assessments and Taxation

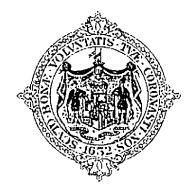
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TARGET MARKETING, LLC (W05373576), REGISTERED JUNE 07, 1999, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 22, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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