

M23000006319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

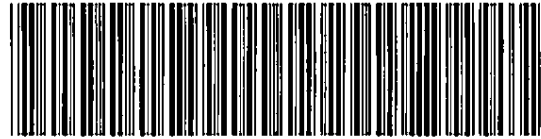
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2023 MAY 15 PM 2:16

SEAL MAY OF STATE
TALLAHASSEE, FL



2023 MAY 15 PM 2:45

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/15/2023

PRIORITY Regular Approval

OUR REF #.(Order ID#) 1149636

ORDER ENTITY
TMF SAN DIEGO LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TMF SAN DIEGO LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMF San Diego 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:

MADE IN CORDOVA

Name of Person

TMF USA INC.

Firm/Company

80 SW 8TH ST SUITE 2900

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

COSEC@TMF-GROUP.COM

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

For further information concerning this matter, please call:

MADELIN CORDOVA

305

377-1200

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:

1. TMF San Diego LLC
(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.")

2. DELAWARE
(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)

5. 80 SW 8TH ST. SUITE 2900
(Street Address of Principal Office)

6. 80 SW 8TH ST. SUITE 2900
(Mailing Address)

MIAMI, FL 33130

MIAMI, FL 33130

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

Name: CORPORATE CREATIONS NETWORK INC.

Office Address: 801 US HIGHWAY 1

NORTH PALM BEACH

(City)

Florida 33408

(Zip code)

STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAY 15 PM 2:16

FILED

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.

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:**

☒ Manager Name: LUIS PEREIRA

☐ Member Address: 80 SW 8TH ST SUITE 2900

☐ Authorized MIAMI, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: ERNESTO GUZMAN

☐ Member Address: 80 SW 8TH ST SUITE 2900

☐ Authorized MIAMI, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: SCOTT TOMINAGA

☐ Member Address: 6005 HIDDEN VALLEY ROAD

☐ Authorized SUITE 200

Person CARLSBAD, CA 92011

☒ Other MANAGING DIRECTOR ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: LUCAS DELFINO

☐ Member Address: 80 SW 8TH ST SUITE 2900

☐ Authorized MIAMI, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: TMF US HOLDING INC.

☒ Member Address: 80 SW 8TH ST SUITE 2900

☐ Authorized MIAMI, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: VALERIE ANGELL

☐ Member Address: Carlsbad, CA 92011

☐ Authorized SUITE 200

Person CARLSBAD, CA 92011

☒ Other MANAGING DIRECTOR ☐ 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.

DocuSigned by:
Ernesto Guzman
Signature of an authorized person CP452DC672FC483

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TMF SAN DIEGO 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 FIFTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TMF SAN DIEGO LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4492689 8300

SR# 20232052381

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203347499

Date: 05-15-23