M23000010292

(Requestor's Name)
(Address)
(Madress)
(Address)
(City/State/Zip/Phone #)
(Onyotate/Liph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23-99774

Office Use Only



800411807718

07/10/23--01034--009 **125.00

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July 20, 2023

BRAD RIETWYK 1760 N JOG ROAD SUITE 150 WEST PALM BEACH, FL 33411 US

SUBJECT: TBR ENTERPRISE LLC Ref. Number: W23000099774

We have received your document for TBR ENTERPRISE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

> RECEIVED AUG 0 7 ZDZJ

Letter Number: 123A00016241

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	TBR Enterprise LLC	
		ne of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter	to the following:
	Brad Rietwyk	
		Name of Person
	TBR Enterprise LLC	
		Firm/Company
	1760 N Jog Road Suite 150	
		Name of Person Firm/Company Address
	West Palm Beach, FL 33411	
		City/State and Zip Code
	jdisalvo@d-acpa,com	
	E-mail address: (to b	be used for future annual report notification)
For fu	rther information concerning this matter, please ca	all:
Jill DiSalvo		561 659-1177 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Wyoming			nate name must include "Limited Liabili	ty Company," '	'L.L С," ог	"LI
			3-2137588			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	ے	(FEI number, i	applicable)		_
	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penalty liab	ility)			
1760 N Jog Road Suite	e 150	6 17	60 N Jog Road Suite 150 (Mailing Address)			
eet Address of Principal Office)		U	(Mailing Address)			_
West Palm Beach, FL	33411	W	est Palm Beach, FL 33411			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acc	entable)		2	_
Name and street addre	ss of Florida registered agent: (P.O. Box DFS Agent LLC	NOT acc	eptable)		2023 AUG -	
		NOT acc	eptable)	2.53Vr.3 15.0	2023 AUG - 7 PM	
Name:	DFS Agent LLC	NOT acc	eptable) 33411	12.1 8.1 X.2 X.2 X.	2023 AUG -7 PM 2: 54	

(Registered agent's signature)

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: DFS Agent LLC □ Manager □Manager Name: _____ Address: 1760 N Jog Road Suite 150 □Member □Member Address: ____ West Palm Beach, FL 33411 Authorized ☐ Authorized Person Person Other____ □Other____ Other □Other____ □Manager □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____ 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. Jill Disalvo Signature of an authorized person Jill DiSalvo

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

TBR Enterprise LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 16, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001285873**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of August, 2023 at 9:01 AM. This certificate is assigned ID Number 063383834.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.