

112400000 7889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

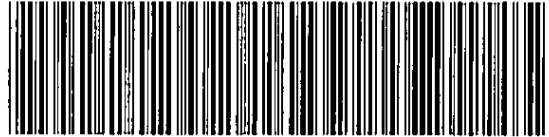
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. LEMIEUX  
JUN 19 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE TECH LOOP AGENCY 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:

JOHN DEREK WHITE

\_\_\_\_\_  
Name of Person

THE TECH LOOP AGENCY LLC

\_\_\_\_\_  
Firm/Company

721 W. DEVONHURST LN.

\_\_\_\_\_  
Address

PONTE VEDRA, FL 32081

\_\_\_\_\_  
City/State and Zip Code

DEREK@DEALERSLOOP.COM

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

For further information concerning this matter, please call:

DEREK WHITE

904

687-8510

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. THE TECH LOOP AGENCY LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

TECH LOOP PARTNERS 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. 99-2290256  
(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. 721 W. DEVONHURST LN.  
(Street Address of Principal Office)

6. 721 W. DEVONHURST LN.  
(Mailing Address)

PONTE VEDRA, FL 32081

PONTE VEDRA, FL 32081

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

Name: LINDSEY HEPNER WHITE

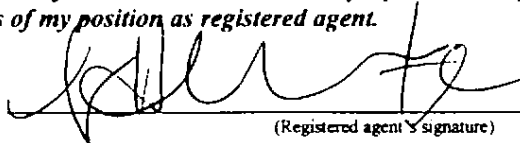
Office Address: 721 W. DEVONHURST LN.

PONTE VEDRA 32081  
(City) , Florida (Zip code)

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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)

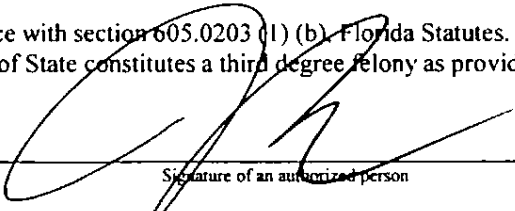
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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:    | JOHN DEREK WHITE               |  | <input type="checkbox"/> Manager           | Name:    | DYNAMIC REVENUES, LLC          |  |
| <input type="checkbox"/> Member             | Address: | 721 W. DEVONHURST LN.          |  | <input checked="" type="checkbox"/> Member | Address: | 10748 CASTLE OAK DR.           |  |
| <input type="checkbox"/> Authorized         |          | PONTE VEDRA, FL 32081          |  | <input type="checkbox"/> Authorized        |          | BOYNTON BEACH, FL 33473        |  |
| Person                                      |          |                                |  | Person                                     |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |  |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    | LINDSEY HEPNER WHITE           |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input checked="" type="checkbox"/> Member  | Address: | 721 W. DEVONHURST LN.          |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          | PONTE VEDRA, FL 32081          |  | <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  
JOHN DEREK WHITE, MANAGER  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE TECH LOOP AGENCY 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 FIFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE TECH LOOP AGENCY LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2024.

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



3371129 8300

  
Jeffrey W. Bullock, Secretary of State

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