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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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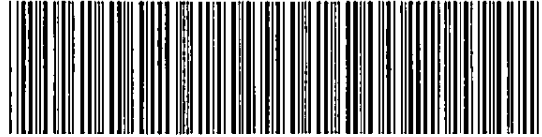
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
2024 JUL -3 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

JUL 11 2024

K. Brumbley

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TNT FLORIDA 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:

AARON ALAMARY

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

TNT FLORIDA LLC

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

4337 NW 29TH WAY

\_\_\_\_\_  
Address

BOCA RATON, FL 33434

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

AARON@NICKHUHER.COM

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

For further information concerning this matter, please call:

AARON ALAMARY

954

655-9612

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

at (\_\_\_\_\_) \_\_\_\_\_

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. TNT FLORIDA LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

TNT FL. BROKERS 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 3. 99-3248443  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 300 SW 1ST AVE 6. 4337 NW 29TH WAY  
(Street Address of Principal Office) (Mailing Address)  
SUITE 155 BOCA RATON, FL 33434  
FORT LAUDERDALE, FL 33301

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

Name: AARON ALAMARY  
Office Address: 300 SW 1ST AVE, SUITE 155  
FORT LAUDERDALE, Florida 33301  
(City) (Zip code)

APPROVED  
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FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

[Signature]  
(Registered agent's signature)

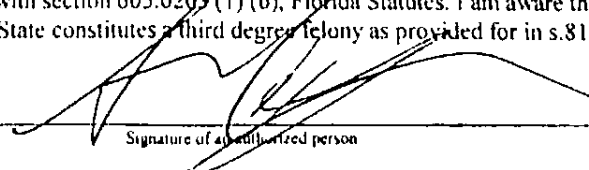
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: NICK HUBER	<input checked="" type="checkbox"/> Manager	Name: AARON ALAMARY
<input type="checkbox"/> Member	Address: 125 LAR COURT	<input type="checkbox"/> Member	Address: 4337 NW 29TH WAY
<input type="checkbox"/> Authorized	Address: ATHENS, GA 30606	<input type="checkbox"/> Authorized	Address: BOCA RATON, FL 33434
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: TIM HUBER	 <input checked="" type="checkbox"/> Manager	 Name: TOM DILLON
<input type="checkbox"/> Member	Address: 9776 LORAINNE ROAD	<input type="checkbox"/> Member	Address: 2130 W NORTH AVENUE
<input type="checkbox"/> Authorized	Address: LEOPOLD, IN 47551	<input type="checkbox"/> Authorized	Address: UNIT 201
Person		Person	CHICAGO, IL 60647
<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 authorized person  
  
Aaron Alamy  
\_\_\_\_\_  
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 "TNT FLORIDA 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 TWENTY-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TNT FLORIDA LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

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



3777486 8300

SR# 20242567792

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203578769

Date: 05-29-24