# M24000009192

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

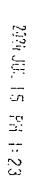


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(B)







### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605,0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- > The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

#### The fees to register are as follows:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

#### Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at <a href="https://www.sunbiz.org">www.sunbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### 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

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	CT: Tyhdall- Name of 1	207 LLC Limited Liability Company				
The enc Existent	losed "Application by Foreign Limited Liability Compete, and check are submitted to register the above reference.	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida				
Please r	eturn all correspondence concerning this matter to the	following:				
	Steven	Doulames ame of Person				
	Ŋ	ame of Person				
	Rockport	Commercial				
	Firm/Company					
	11 Ocean	Vicw Drive				
		Addicas				
	Pensacola Bo	tate and Zip Code				
	City/S	tate and Zip Code				
	E-mail address: (to be used	CK PORT CRE. COM				
For furt	her information concerning this matter, please call:					
	STeven Doulames Name of Contact Person	at (951) 922 - 5554 Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	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 DEPART  \$\infty\$ \$\times\$	☐ \$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 FOLL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1	iability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C.")
2. Wy oming q (Jurisdiction under the law of which foreign limited hability company is organized)	3. 81 - 16 55 88 4 (FEI number, if applicable)
4. 3-7-20/6 See Prior Real (See Sections 605.0905, F.S. to determine p	SISTING : M/600000 1960 Stration.) penalty liability)
5. 30 N. Gould Streez (Street Address of Principal Office)	6. 30 N. Gould Streez
Sheridan, WY 82801	Sheridan, WY 82801
7. Name and street address of Florida registered agent: (P.O. Box N	NOT acceptable)
Name: STEVEN Doulan	1 <u>e_S</u>
Office Address: 11 Ocean Vicu	, Drive
Pensacola Beac	h , Florida 3256 //

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Steven Doulames	□Manager	Name:	
(PMember	Address: 11 Occan View Dr.	□Member	Address:	
□Authorized	Pensacda Beach, FL 32561	□Authorized		
Person		Person		
Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□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

<u>Important Notice</u>: 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

Steven G. Doulames

Fined as printed pages of signers

# 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,

#### Tyndall-207 LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 24, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000707406**.

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 11th day of July, 2024 at 2:39 PM. This certificate is assigned ID Number 074305016.

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.