## Division of Corpor

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(((H240002496013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## Foreign Limited Liability Company TSP SOLUTIONS LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

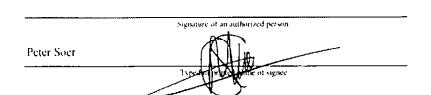
name unavariable, enter alternate i	same adopted for the purpose of transacting business in Ele	onda The	alternate name must include "Umited Castility Company,"	"L.t. C." or "LL(".")
DELAWARE			37-2110447	
(Jurisdiction under the law of w	high foreign limited hability company is organized)	3.	(EEI number, if applicable)	<del></del>
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	registration ne penalty	jability)	
1045 Cedar Falls Dr. V	Veston, FL, 33327		1045 Cedar Falls Dr. Weston, FL, 33327	
eet Address of Principal Office)		6.	(Mailing Address)	
et Adiat stor Consequence				
				2 Aft
· <del></del>				1515
				ယ် ,
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	JUL 23 PM 4: 5
				<del>-</del>
	The Company Maker LLC			بن
Name:				
	1045 Cedar Falls Dr			
Office Address:				
Office Address:	Weston		33327 , Florida	

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: Peter Soci	■Manager	Name: Luca Frattini
□Member	Address: 1045 Cedar Falls Dr. Weston,	□Member	Address: 1045 Cedar Falls Dr. Weston.
□Authorized	FL. 33327	□Authorized	FL, 33327
Person		Person	
□Other		□Other	□Other
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□ Othe1
□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. 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.



15512148442

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TSP SOLUTIONS 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TSP SOLUTIONS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2023.

Authentication: 203705968

Date: 06-13-24