

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M24000010656

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000277944 3)))



H2400027794434BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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
TMMK LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. TMMK LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. TX 3. 99-3905761
(Jurisdiction under the law of which foreign limited liability company is organized) (FT number, if applicable)

4. _____
(Date first transacted business in Florida; if prior to registration, see sections 607.0904 & 607.0905, F.S. to determine penalty liability)

5. 7901 4th St N STE 300 6. 7901 4th St N STE 300
(Street Address of Principal Office) (Existing Address)
St. Petersburg FL 33702 St. Petersburg FL 33702

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

Name: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip codes)

2024 AUG 19 PM 3:15

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.

David G. Davis
(Registered agent's signature)

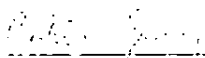
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Nguyen, Frank</u>	☐ Manager	Name: <u>Lim, Seaknay</u>
☒ Member	Address: <u>7901 4th St N STE 300</u>	☒ Member	Address: <u>7901 4th St N STE 300</u>
☐ Authorized	<u>St. Petersburg FL 33702</u>	☐ Authorized	<u>St. Petersburg FL 33702</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Lim, Vongpor</u>	☐ Manager	Name: _____
☒ Member	Address: <u>7901 4th St N STE 300</u>	☐ Member	Address: _____
☐ Authorized	<u>St. Petersburg FL 33702</u>	☐ Authorized	_____
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Wu, Carmen</u>	☐ Manager	Name: _____
☒ Member	Address: <u>7901 4th St N STE 300</u>	☐ Member	Address: _____
☐ Authorized	<u>St. Petersburg FL 33702</u>	☐ Authorized	_____
Person		Person	
☐ Other	☐ 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.



Signature of an authorized person

Robin Jones

Typed or printed name of signer

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TMMK LLC (file number 805616493), a Domestic Limited Liability Company (LLC), was filed in this office on July 08, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 05, 2024.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State