

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: TROY, EAKINS @ SAPTEC.COM
+ JULISSA, PACHECO @ SAPTEC.COM

Foreign Limited Liability Company

TD REMAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,041.25

RECEIVED

2024 AUG 29 PM 1:50

DIVISION OF CORPORATIONS

2024 AUG 29 PM 2:27

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

IN COMPLIANCE WITH SECTION 605 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TD REMAN 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2111297

(FEI number, if applicable)

4. 08/09/2021(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)5. 2041 SOUTH COUNTY LINE RD

(Street Address of Principal Office)

6. 2041 SOUTH COUNTY LINE RD

(Mailing Address)

PLANT CITY FL 33566PLANT CITY FL 335667. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: NRAI Services, Inc.Office Address: 1200 South Pine Island RoadPlantation, Florida 33324
(City) (Zip code)**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.

/s/ Tina Lipko, VP

(Registered agent's signature)

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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:**

☐ Manager Name: TROY EAKINS

☒ Member Address: 2041 SOUTH COUNTY LINE

☐ Authorized PLANT CITY FL 33506

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JULISSA PACHECO

☐ Member Address: 2041 SOUTH COUNTY LN RI

☒ Authorized PLANT CITY FL 33506

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TD REMAN 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-SECOND DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TD REMAN LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2021.

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



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SR# 20243493776

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204226300

Date: 08-22-24

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