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	(Document Number)			
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If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/07/2024			
	Cheyanne Davis			
	2547178			
	TAN	KSMILE11, LLC		
✓ Article	es of Incorporation/Authoriza	tion to Transact Business		
Amen	dment			
Chan	ge of Agent			
Reins	tatement			
Conversion				
☐ Merge	er			
☐ Disso	lution/Withdrawal			
☐ Fictition	ous Name			
Other				
Authorized A	mount: \$125.00			
Signature:	Ohyma Paine			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	11/07/2024			
	Cheyanne Davis	_ 		
Reference #	2547178			
	ТА	NKSMILE11, LLC		
		zation to Transact Business		
Amer	ndment			
Chan	ge of Agent			
Reins	statement			
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized A	Amount: \$125.00)		
Signature:	Onyme Paine			

COVER LETTER

TO:	Registration Section Division of Corporations				
ellb itt	Tanksmile11, L	LC			
SUBJE	Name of Limited Liability Company				
The end Existen	closed "Application by Foreign Limited Liability Company for Au ice, and check are submitted to register the above referenced foreig	thorization to Transact Business in Florida," Certificate of in limited liability company to transact business in Florida.			
Please	return all correspondence concerning this matter to the following:				
	Gintare Zub	rute			
	Name of Pers	on			
	Firm/Company				
4401 N Federal Hwy Ste 201					
Address					
	Boca Raton, FL	33431			
	City/State and Zip	Code			
	gintarez@proathletefi E-mail address: (to be used for future				
For fur	ther information concerning this matter, please call:				
	Cintoro Zubruto	61 988-5540			
	au (Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		F STATE 155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Tanksmile11, 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.") (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 4401 N Federal Hwy, Suite 201 4401 N Federal Hwy, Suite 201 (Mailing Address) (Street Address of Principal Office) Boca Raton, FL 33431 Boca Raton, FL 33431 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Adael Amador Name: 4401 N Federal Hwy, Suite 201 Office Address: 33431 Boca Raton , Florida (City) 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/ Adael Amador

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Adael Amador **⊠**Manager Name: Manager Manager Name: 4401 N Federal Hwy **⊠**Member Address: _ Member Address: Suite 201 **⊠**Authorized Authorized Boca Raton, FL 33431 Person Person |Other____ Other_____ Other___ Other_ Name: Manager Name: Manager Member Address: Member Address: Authorized Authorized Person Person Other____ Other_____ Uther__ Other_ Name: _____ Manager Name: Manager Manager [_ Member Address: _____ Member Address: ☐ Authorized 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. Nonindexed 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. Isl Adael Amador Signature of an authorized person

Adael Amador
Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TANKSMILE11, 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TANKSMILE11, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204820811

Date: 11-07-24