

M240000005329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

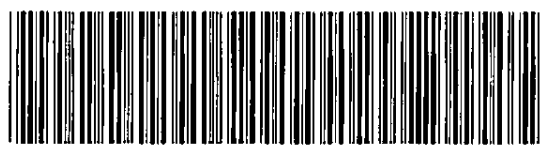
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-59444

Office Use Only



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04/01/24--01033--020 **125.00

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MAR 29 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 24 PM 4:45

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2024

THEODORE PRITZKER VLOCK
10620 W. FOREST HILL BLVD., SUITE 40
WELLINGTON, FL 33414 US

SUBJECT: T&R FAIRLANE LLC
Ref. Number: W24000059444

We have received your document for T&R FAIRLANE LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 324A00008104

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. T&R Fairlane LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

T&RF 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. State of Delaware 3. 99-1965177
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/21/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10620 W. Forest Hill Blvd., Suite 40 6. 10620 W. Forest Hill Blvd., Suite 40
(Street Address of Principal Office) (Mailing Address)
Wellington, FL 33414 Wellington, FL 33414

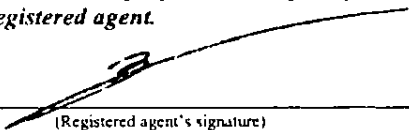
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Theodore Pritzker Vlock
Office Address: 10620 W. Forest Hill Blvd., Suite 40
Wellington 33414
(City) Florida (Zip code)

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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: **Manager** **Name and Address:** Name: Volcris Capital LLC
 Member Address: 10620 W Forest Hill Blvd. Ste.
Wellington, FL 33414
 Authorized
Person Theodore Pritzker Vlock
 Other **Other**

Title or Capacity: **Manager** **Name and Address:** Name: Gray Matter Management LLC
 Member Address: 10620 W Forest Hill Blvd. Ste.
Wellington, FL 33414
 Authorized
Person James R. Gray
 Other **Other**

Manager Name: Tammy Salinas-Bentley
 Member Address: 10620 W. Forest Hill Blvd
Suite 40, Wellington, FL 33414
 Authorized
Person
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other **Other**

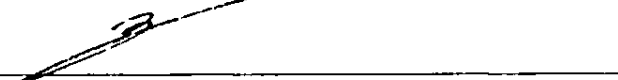
Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized
Person
 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

Theodore Pritzker Vlock

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "T&R FAIRLANE 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 FIRST DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T&R FAIRLANE LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20241253584

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

Authentication: 203153138

Date: 04-01-24