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Office Use Only



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S. FRANKLIN NOV 0 4 2021

COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: Tandem Mo	tion Company				
30BJEC1.	Name of corpora	tion - must i	nclude suffix		
Dear Sir or Madam:		•			
"Certificate of Existence."	n by Foreign Corporation or "Certificate of Good S corporation to transact bus	Standing" an	id check are sub		
Please return all correspon	ndence concerning this ma	atter to the fo	ollowing:		
Matthew Sabatini					
	Name	of Person			
Tandem Motion Company					
······································	Firm/C	Company			~
2902 Satire St.				<u>-</u>	2
	Λ	ddress		,	221 1:04 - 1 PM 6: 49
Kissimmee, FL 34746					1
	City/Sta	te and Zip co	ode		
matt.sabs@gmail.com					<u> </u>
	E-mail address: (to be us	ed for future	e annual report n	otification) .	÷ 5
For further information ec	oncerning this matter, plea	se call:			
Matthew Sabatini	at (²⁰¹	7886	7886664		
Name of Person	Area (Code	Daytime Telepl	hone Number	
STREET/COUR Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 2		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	e following amount: o: FLORIDA DEPARTMF \$78.75 Filing Fee & Certificate of Status	□ \$78.75	TE Filing Fee & ed Copy	\$87.50 Filing Certificate o Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tandem N	Motion Company						
	ne of corporation; must include "INCORPORATE o" "Corp." "Inc." "Co." or "Corp.")	€D,	" "COMPANY," "CORPORATION,"			_	
Tandem I	Dynamics Incorporated						
(If name u	navailable in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting b	usiness	in Florid	a)	
New Jersey		3	N/A		•		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4. 04/03/2021		5.	perpetual				
(Date of incorporation)			(Date of duration, if other than perpetual)				
6. Have not	transacted business yet						
7. 115 Wester			n Florida, if prior to registration) 502. F.S., to determine penalty liability)				
		offi	ce street address)	•		_	
2902 Satiro	St. Kissimee, FL 34746						
	(Current ma	(Current mailing address, if different)					
8. Name and Nar	d <u>street address</u> of Florida registered agent: (I	P.C). Box NOT acceptable)	24°	2821 NOV - 1	- 1 - 1 - 1	
Hai	2902 Satire St.				PΗ	***	
Office Address:	2502 Saute 51.				<u>လ်</u>	مو ۱	
	Kissimmee		. Florida 34746	-	61		
	(City)		(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS □ Chairman □Chairman Name: ____ □Vice Chairman Address: ____ ☐ Vice Chairman Address: □ Director □ Director □President ☐President □ Vice President _____ ☐ Vice President ☐ Secretary □Treasurer Treasurer ☐ Secretary □Other ____ □Other _____ ☐Other ______ □Other _____ Name: Matthew Sabatini □ Chairman ■ Chairman 2902 Satire St. □Vice Chairman Address: □Vice Chairman Address: Kissimee, FL 34746 □ Director Director □President □President ☐ Vice President ___ ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _____ Paul Sabatini □Chairman □ Chairman Name: 2902 Satire St Address: □Vice Chairman Address: _____ □ Vice Chairman Kissimmee, FL 34746 ☐ Director Director □President President □ Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □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. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Matthew Sabatini

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

TANDEM MOTION COMPANY

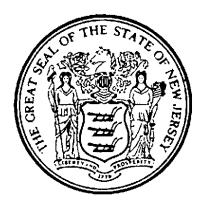
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 03, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PAUL SABATINI 115 WESTERN AVE JERSEY CITY, NJ 07307



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of October, 2021

Elizabeth Maher Muoio State Treasurer

dun A Men

Certificate Number: 6124703905

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



October 17, 2021

MATTHEW SABATINI 2902 SATIRE ST KISSIMMEE, FL 34746 US

SUBJECT: TANDEM MOTION COMPANY

Ref. Number: W21000137575

We have received your document for TANDEM MOTION COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 521A00025248