

F25000004043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

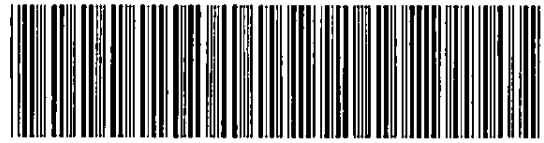
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STATE OF FLORIDA
TALLAHASSEE, FL
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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. TSM TRAINING INSTITUTE, INC
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS
(State or country under the law of which it is incorporated)

3. 87-3790349
(FEL number, if applicable)

4. 12/21/2021
(Date of Incorporation)

5. (Date of duration, if other than perpetual)

6. 01/31/2025
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 10380 SW VILLAGE CENTER DRIVE #302, PORT ST. LUCIE, FL 34987
(Principal office street address)

(Current mailing address, if different)

8. CHARITABLE ORGANIZATION FOR PUBLICLY BENEFICIAL ENDEAVORS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: NATHANIEL WEAVER

Office Address: 525 PLUMOSA AVENUE

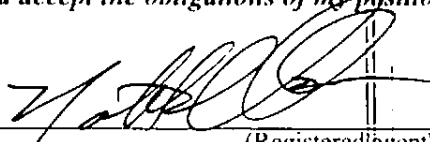
ALTAMONTE SPRINGS
(City)

Florida 32701
(Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

10. 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)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: TERIKA MERCEDES
 Vice Chairman Address: 10380 SW Village Center Drive
 Director #302
 President Port St. Lucie, FL 34987
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: NATANAEL MERCEDES
 Vice Chairman Address: 10380 SW Village Center Drive
 Director #302
 President Port St. Lucie, FL 34987
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: MARIA ANDUJAR
 Vice Chairman Address: 10380 SW Village Center Drive
 Director #302
 President Port St. Lucie, FL 34987
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

NOTE: 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.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)


14. TERIKA MERCEDES
(Typed or printed name and capacity of person signing application)

June 14, 2025

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

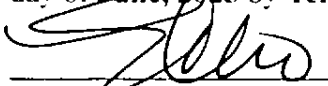
The undersigned hereby consents to the transfer of the name "TSM Training Institute, Inc." from Florida Foreign Corporation "TSM Training Institute, Inc." to Florida Foreign Non-Profit Corporation "TSM Training Institute, Inc.", effective immediately.

Signed: 
Terika Mercedes, President

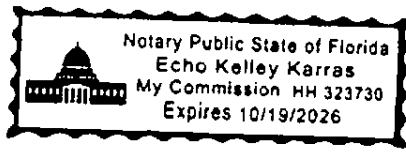
TSM Training Institute, Inc.
10380 SW Village Center Drive #302
Port St. Lucie, FL 34987

**STATE OF FLORIDA
COUNTY OF BREVARD**

The foregoing instrument was acknowledged before me by means of **physical presence** this **14th** day of **June, 2025** by **Terika Mercedes**, who is personally known to me.



Echo Kelley Karras
Notary Public, State of Florida
My commission expires: 10/19/2026
Commission No.: HH323730



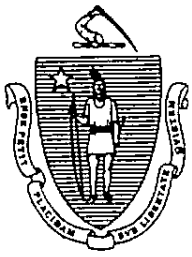


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 each (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the cover letter and send one check for the total amount made payable to the Florida Department of State.
- The cover letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the cover letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: May 19, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,

TSM TRAINING INSTITUTE, INC

is a domestic corporation organized on **December 21, 2021**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25050278720

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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