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TRANSMITTAL LETTER

Division of Cor				
SUBJECT: 7	AN	SERVICES	ration - must include suffix)	
		(Name of corpor	ration - must include suffix)	
Dear Sir or Madam:				
	e", and ch		for Authorization to Transa to register the above referen	
Please return all corresp	ondence o	concerning this m	atter to the following:	
Mr.	EROS	PETE VGE (Nam	ADONICH	
		(Nam	e of Person)	
TIM	14 SE	RVICES	/Company)	
		(Firm	/Company)	
393	322	US HIGH	WAY 19 NORT Address)	7-4
TA	RPON	SPRINGS.	FL 34689 ate and Zip code)	7
		(City/St	ate and Zip code)	
For further information	concernin	g this matter, plea	ase call:	
VANCY OR PETE	V6.400	(CH at (72	rea Code & Daytime Teleph	Ot J
(Name of Fers	O11)	(A	rea Code & Daytime Teleph	UL 13
STREET ADDRESS:			MAILING ADDRESS	s: 🚆 🖹 🔟
Registration Section			Registration Section	
Division of Corporation 409 E. Gaines St.	1S		Division of Corporation P.O. Box 6327	
Tallahassee, FL 32399			Tallahassee, FL 3231	4
Enclosed is a check for	the follow	ring amount:		
\$70.00 Filing Fee		'5 Filing Fee & ificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

١.	TIMA SERVICES INC.
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2	DELAYVARE 3. 43-205/127
	(State or country under the law of which it is incorporated) 3. 43-205/127 (FEI number, if applicable)
4.	04/27/2004 5
••	(Date of incorporation) 5. 2015 (Duration: Year corp. will cease to exist or "perpetual")
6	UPON QUALIFICATION
٠.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	39322 US HIGHWAY 19 NORTH TARRON SPRINGS FL 34689
	(Principal office address)
	same as above
	(Current mailing address)
8.	Property Mat & Sanctorial Services
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Erros P. VLADOVICH
Of	fice Address: 100 LAKE AYOCA COURT
	VARPAN SPRINGS AT 34689 Florida
	TARRY SPRINGS, FL 34689, Florida (Zip code)
	Ž.
	Registered agent's acceptance:
	aving been named as registered agent and to accept service of process for the above stated corporation at the place
	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.
uu	ties, and I am jumitiar 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. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	EROS P. VLADOVICH
Address:	
	TARRON SPRINGS FL 34689
Vice Chairman:	NANCY A. VLADOVICH
Address:	1010 LAKE AVOCA COURT
	TARPON SPRINGS FL 34689
Director:	
Address:	<u></u>
B. OFFICERS	
President:	AND THE RESERVE OF THE PARTY OF
Address:	<u></u>
Vice President:	
	E ≥ III
Secretary:	
Treasurer:	
Address:	en e
13.	y of may attach an addendum to the application listing additional officers and/or directors.
(S	nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	E.P. VLADOVICH Chairman
	(Typed or printed name and capacity of person signing application)



Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TINA SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2004.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3206077

DATE: 06-30-04

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