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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSB Express, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Terri Grebs
(Name of Person)
TSB Express, Inc
(Firm/Company)
1634 SE 20th St
(Address)
Cape Coral, FL 33990
(City/State and Zip code)

For further information concerning this matter, please call:

Terri Grebs at (239) 458-5262
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate 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.*

1. TSB Express, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. NE 3. 470829155
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/6/2000 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/1/2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1634 SE 20th St Cape Coral, FL 33990
(Principal office address)

same
(Current mailing address)

8. Sales Tax Exemption / Sales Tax Number
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

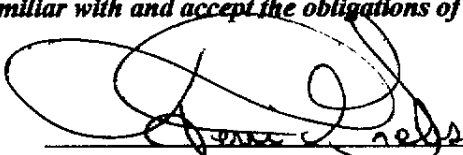
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Terri Grebs

Office Address: 1634 SE 20th St
Cape Coral, FL, Florida 33990
(City) (Zip code)

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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James E Grebs

Address: 1634 SE 20th St

Cape Coral, FL 33990

Vice President: Terri A Grebs

Address: 1634 SE 20th St

Cape Coral, FL 33990

Secretary: James E Grebs

Address: 1634 SE 20th St Cape Coral, FL 33990

Treasurer: Terri A Grebs

Address: 1634 SE 20th St Cape Coral, FL 33990

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Terri Grebs, VP

(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA



United States of America, }
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

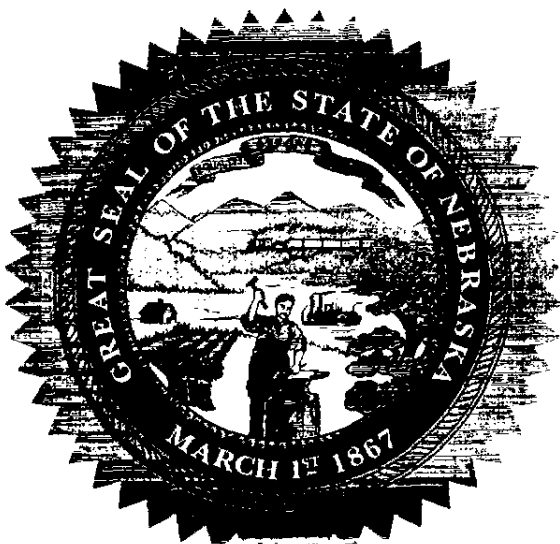
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

TJB EXPRESS, INC.

was duly incorporated under the laws of this state on March 6, 2000
and do further certify that no occupation taxes assessed are unpaid
and no biennial reports are delinquent; articles of dissolution have not
been filed and said corporation is in existence as of the date of this
certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on August 23, 2005.



John A. Gale
SECRETARY OF STATE