

F1100002586

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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PS 6/22/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TSCS Group 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," or "Certificate of Good Standing" 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:

Jo Ann Warner
Name of Person
TSCS Group Inc / Dba Wild Things lingerie #4
Firm/Company
1741 SE 176 Ave
Address
Silver Springs FL 34488 -3659
City/State and Zip code
joannwarner44@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Ann Warner at (352) 289-4775
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS

June 15, 2011

JO ANN WARNER
1741 SE 176 AVE
SILVER SPRINGS, FL 34488-3659

SUBJECT: TSCS GROUP, INC.
Ref. Number: W11000032302

ATT
RAM SMITH

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please correct #4 to be consistent with the certificate of existence.

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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 211A00014521

**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. T.S.C.S. Group, 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. Kentucky 3. 31-1567863
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Ky. Kentucky / 5-5-97 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 428 South Main St. Marion Ky 42064
(Principal office address)

1741 S.E. 176th Ave Silver Springs Fl. 34488-3659
(Current mailing address)

8. Retail Sales
(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: Jo Ann Warner

Office Address: 1741 S.E. 176th Ave

Silver Springs, Florida 34488-3659
(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.

Jo Ann Warner
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jo Ann Warner

Address: 1741 S. E. 176th Ave

Silver Springs Fl. 34488

Vice President: _____

Address: _____

Secretary: Danny W. Warner

Address: 1741 S. E. 176th Ave Silver Springs Fl 34488-3659

Treasurer: S/A

Address: _____

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

13. Jo Ann Warner

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Jo Ann Warner President

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

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Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

6/9/2011

Division of Corporations
Business Filings
P. O. Box 718
Frankfort, KY 40602
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 114464

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TSCS GROUP, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 5, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of June, 2011.

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Elaine N. Walker

Elaine N. Walker
Secretary of State
Commonwealth of Kentucky
114464/0432436