

F14000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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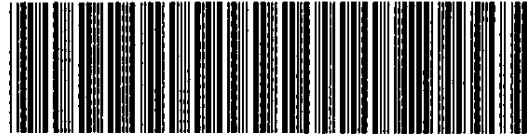
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 21 AM 7:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-269

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TDAB ENTERPRISES 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:

DONALD P HAPPEL

Name of Person

ACCOUNTING UNLIMITED INC

Firm/Company

519 E LEWIS & CLARK PKWY

Address

CLARKSVILLE, IN 47129

City/State and Zip code

DHAPPEL@ACCOUNTINGUNLIMITED.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD P HAPPEL at (812) 283-9385

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

January 3, 2014

DONALD P HAPPEL
519 E LEWIS & CLARK PKWY
CLARKSVILLE, IN 47129

SUBJECT: TDAB ENTERPRISES INC
Ref. Number: W14000000269

RECEIVED
14 JAN 21 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TDAB ENTERPRISES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 314A00000116

**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. **TDAB ENTERPRISES 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. **TEXAS**

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

3. **46-4248523**

(FEI number, if applicable)

4. **1/1/2013**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **1/1/2013**

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

7. **2752 CLUB RIDGE DR. LEWISVILLE, TX 75067**

(Principal office address)

519 E LEWIS & CLARK PKWY CLARKSVILLE, IN 47129

(Current mailing address)

8. **RESIDENTIAL RENTAL PROPERTY**

(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: **TIMOTHY QUILLIN**

Office Address: **8312 LANGSHIRE WAY**

FORT MYERS

(City)

, Florida **33912**

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: **TIMOTHY QUILLIN**

Address: **8312 LANGSHIRE WAY**

FORT MYERS, FL 33912

Vice President: **DENISE QUILLIN**

Address: **8312 LANGSHIRE WAY**

FORT MYERS, FL 33912

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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. **TIMOTHY QUILLIN PRESIDENT**

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

FILED
14 JAN 21 AM 7:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA