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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	TKAP	NC.		`
Sebuzer.	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
	ce," or "Certificate of	of Good Stan	Authorization to Transact ding" and check are subn ss in Florida.	
Please return all corres Larry F. Witte	pondence concernin	g this matter	to the following:	
		Name of	Person	· · · · · · · · · · · · · · · · · · ·
Witte & Craig, P.A.				
		Firm/Com	pany	
201 SE 24 Avenue				
		Addre	ess	
Pompano Beach, FL 330	62			
1		City/State a	nd Zip code	
witte@gate.net				
	E-mail address:	(to be used	for future annual report no	otification)
For further information	o concerning this ma	tter, please	call:	
Larry F. Witte	o	954	941-5533 ode Daytime Telephone Number	
Name of Person	on .	Area Cod	e Daytime Teleph	one Number
Registration So Division of Co Clifton Buildin	orporations ng e Center Circle	:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check fo	r the following amou	unt:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Certificate of		\$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. TKA Twe. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
TKA MARYLAND, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. MRYLAND 3. 52-0899520 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. TANUARY 20, 1970 (Date of incorporation) 5. (Date of duration, if other than perpetual)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 6215.1.1044578817, PomPA wo BEACH, FL 3306 (Principal office address)	0
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	i.
Pompano Blach, Florida 33062 (City) (Zip code)	<u>ئ</u> ك
9. 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. 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.	

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: DALE R. TOMPKINS Address: 621 S. E. lota Streat, Pompaso BEACH, FC 33060 Vice Chairman: Director: Address: Director: Address: ___ **B. OFFICERS** President: DALL. R. TOMPKINS Address: 621 St 10th STREET, POMPANO BRACH, FL 33060 Vice President: MARY SUE TOMPKINS Address: 621 SE 10th STREET, POMPANG BEALIFIE 33060 Secretary: MARY SHE TOMPKING Address: SEE A BOVE Treasurer: PALE R. TomPICINS Address: _____SEE ABOVE NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Not P. Jan - Prolled Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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

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

a third degree felony as provided for in s.817.155, F.S.

13. Dale R. Tompkins, PRESIDENT

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TKA, INC., INCORPORATED JANUARY 20, 1970, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 15, 2015.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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