

FILED 000003713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

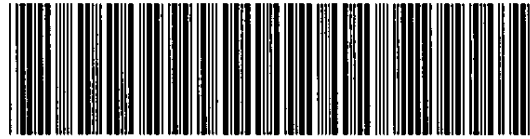
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-54257

Office Use Only



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08/04/16--01006--015 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 17 P 2:42

FILED

AUG 18 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

ALAN L FOX
452 MARIBELLA CT
ST. AUGUSTINE, FL 32086

SUBJECT: TLS, INC.
Ref. Number: W16000054257

We have received your document for TLS, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L12000143258.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00016515

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations
TLS, INC.

SUBJECT: _____
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:
ALAN L FOX

_____	Name of Person
TLS, INC.	
_____	Firm/Company
452 MARIBELLA CT	
_____	Address
ST. AUGUSTINE, FL 32086	
_____	City/State and Zip code
mattressman98@yahoo.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ALAN FOX	913	206-3716
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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2015 AUG 17 P 2:42
TALLAHASSEE FLORIDA

**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.**

TLS, INC.

1.

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

SNIPN'CLIP, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
KANSAS 74-2809891

2.

(State or country under the law of which it is incorporated)
12/31/1996

3.

(FEI number, if applicable)

4.

(Date of incorporation)

01/01/2016

5.

(Date of duration, if other than perpetual)

6.

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

452 MARIBELLA CT

7.

(Principal office address)

ST. AUGUSTINE, FL 32086

(Current mailing address, if different)

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

ALAN L FOX

Name:

452 MARIBELLA CT

Office Address:

ST AUGUSTINE

32086


(City)

, Florida

(Zip code)

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. 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)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

ALAN L FOX

Chairman: 452 MARIBELLA CT

Address: ST AUGUSTINE, FL 32086

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

ALAN L FOX

President: 452 MARIBELLA CT

Address: ST AUGUSTINE, FL 32086

Vice President:

Address:

TIARA FOX

Secretary: 452 MARIBELLA CT, ST AUGUSTINE, FL 32086

Address: ALAN L FOX

Treasurer: 452 MARIBELLA CT, ST AUGUSTINE, FL 32086

Address:

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

12. 
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 a third degree felony as provided for in s.817.155, F.S.

13. ALAN L FOX
ALAN L FOX (TREASURER) TIARA L FOX (SECRETARY)
(Typed or printed name and capacity of person signing application)

FILED
2018 AUG 17 PM 2 42
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2437010

Entity Name: TLS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: ALLEN L. FOX

Registered Office: 12135 GOODMAN, OVERLAND PARK, KS 66213

was filed in this office on December 30, 1996, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 21, 2016

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 829246 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.