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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TFC CONSULTANTS, 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:

SANDY WELBON

Name of Person

TFC CONSULTANTS, INC.

Firm/Company

12 SHELTON MCMURPHEY BLVD.

Address

EUGENE, OR 97401

City/State and Zip code

sandyw@tfcoregon.com

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

For further information concerning this matter, please call:

SANDY WELBON

541 343-2388 X 203
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:

- ☒ \$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

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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.*

1. TFC CONSULTANTS, 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. OREGON 3. 93-1319754
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/01/2001 5. _____
(Date of incorporation) (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)
7. 12 SHELTON MCMURPHEY BLVD. EUGENE, OR 97401
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

C T Corporation System


(Registered agent's signature)

Jordan Brown Assistant Secretary

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: JOHN D AARONS
Address: 917 WOODFIELD DRIVE
EUGENE OR 97401

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: JOHN D. AARONS
Address: 917 WOODFIELD DRIVE
EUGENE OR 97401

Vice President: PLEASE SEE ATTACHED ADDENDUM
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. John D. Aarons
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. JOHN D AARONS, PRESIDENT & CHAIRMAN OF THE BOARD
(Typed or printed name and capacity of person signing application)

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ADDENDUM

TFC CONSULTANTS, INC.
SHAREHOLDER INFORMATION

Gerard Bouwman, President pro tem
601 Country Club Road #130
Eugene, OR 97401

Patricia Chamberlain, Secretary
2051 Madison Street
Eugene, OR 97405

Kathleen Reid, Shareholder
1117 Spyglass Drive
Eugene, OR 97401

Philip Fisher, Treasurer
1970 Charnelton
Eugene, OR 97405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/2016

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 806F179R7

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

TFC CONSULTANTS, INC.

is

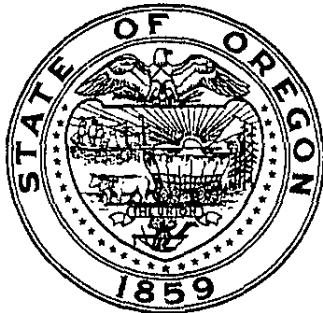
Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

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TALLAHASSEE, FLORIDA

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

8/24/2016