

FI7000000782

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000046795 3)))



H170000467953ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION  
TPS Solutions Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

FILED

2017 FEB 17 PM 1:13

S Warren

FEB 20 2017

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TPS Solutions 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:

Erin Regan

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Erin Regan on behalf of InCorp Services, Inc. at (702) 866-2500

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

H170000467953

H110000467953

# 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. TPS Solutions Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. California  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 06/13/2014  
(Date of incorporation)
5. Perpetual  
(Date of duration, if other than perpetual)
6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2295 De La Cruz Blvd, Santa Clara, CA 95050  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)

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

Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(City) (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.*

Erin Ragan Erin Ragan on behalf of InCorp Services, Inc.  
(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.

H170000467953

FILED  
2017 FEB 17 PM 1:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

H170000467953

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Brian Zehring

~~Vice Chairman:~~

Address: 2295 De La Cruz Blvd

Santa Clara, CA 95050

Director: Eric Bowman

Address: 2295 De La Cruz Blvd

Santa Clara, CA 95050

Director: Brad Williams

Address: 2295 De La Cruz Blvd

Santa Clara, CA 95050

**B. OFFICERS**

President: Brian Zehring

Address: 2295 De La Cruz Blvd

Santa Clara, CA 95050

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Eric Bowman

Address: 2295 De La Cruz Blvd, Santa Clara, CA 95050

Treasurer: Brad Williams

Address: 2295 De La Cruz Blvd, Santa Clara, CA 95050

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. Brian Zehring, President

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

H170000467953

11111

10:41:38 a.m. 02-17-2017

5/5

#170000467953

#170000467953

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**TPS SOLUTIONS INC.**

**FILE NUMBER:** C3684315  
**FORMATION DATE:** 06/13/2014  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

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



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 03, 2017.

**ALEX PADILLA**  
Secretary of State