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O SIMMONS

## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:	TDI	blobal	Solutio	ons, Inc.
	Name of corpo	oration - must in	clude suffix	
Dear Sir or Madam:		-	_	
The enclosed Application "Certificate of Existence," above referenced foreign of	or "Certificate of Goo	d Standing" and	check are subn	
Please return all correspon	idence concerning this	matter to the fol	lowing:	
7	ammie M.	aiors		
	Na	me of Person		
T	DI 61.ba	1 Solut	ions In	1
	, Firm	n/Company		
6476	Grace E	dmond	DRIVE	
Mer	DI bloba Firm  Brace E  iden KS  City/S	Address 6651	12	
	City/S	State and Zip cod	de	
TLM (6)	TDI 65,	com		
	TDI 65, 6	used for future	annual report no	otification)
For further information co				
Tammie Majors at (785) 580-7945  Name of Person Area Code Daytime Telephone Number				
Name of Person	Are	a Code I	Daytime Telepho	one Number
STREET/COUR Registration Secti Division of Corpo Clifton Building	on rations		MAILING AD Registration Sec Division of Cor P.O. Box 6327	ction
2661 Executive C Tallahassee, FL 3			Tallahassee, FL	. 32314
Enclosed is a check for the	e following amount:			
\$70.00 Filing Fee	3 \$78.75 Filing Fee & Certificate of Status	\$78.75 I Certified	Filing Fee & d Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TES, THE FOLLOWING IS SUBMITTE IESS IN THE STATE OF FLORIDA.	D 10
LAT	blobal	Solutions	Inc.	
(Enter name of cor		CORPORATED," "CO	MPANY," "CORPORATION,"	
NONE		nananggi angga anggalin saganika galingin anggalingin ninggi. Anggali	and a series of the series of	
			d for the purpose of transacting business in	Florida)
2 Dela	ware	3	77-0668843 (FEI number, if applicable)	
(State or country	under the law of which it is	incorporated)	(FEI number, if applicable)	
4. 02-0	26-2007	5	(FEI number, if applicable)  Perpelval  (Date of duration, if other than perpetua	
(Date o	of incorporation)		(Date of duration, if other than perpetua	1)
6.  (Date first transacted business in Plorida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability)  7. 6476 Grace Edmond Drive Mericles, KS 665/2  (Principal office address)				
Same	as above	(Current mailing add		्रि <sub>ल्ल</sub> इ.स.
		(Current mailing add	ress, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	Edvardo	Schmidt		
Office Address: 4181 Staghorn Lane.  WESTON, Florida 33331 (City) (Zip code)				
	WESTON	, ~	, Florida 3333/	
	(City	)	(Zip code)	
designated in this of further agree to co	d as registered agent an application, I hereby acc mply with the provision miliar with and accept t	cept the appointment s of all statutes relati	process for the above stated corporation as registered agent and agree to act in we to the proper and complete performation as registered agent.  S signature)	this capacity. I
		V		

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: MARK MAJORS Address: 6476 GRACE EDMOND DRIVE MERIDEN KS 66512 Vice Chairman: LARRY (OX Address: 6476 GRACE EDMOND DRIVE MERIDEN KS 66512 Address: \_\_\_ Director: \_\_ B. OFFICERS President: MARIL MATORS Address: Same as above address Vice President: LARRY COX Address: Same as above address Secretary: TAMMIE MAJORS BRACE EDMOND DRIVE MERIDEN KS 66512 Treasurer: LARRY COX Address: Same of above address NOTE: If necessary/you may attach an addendum to the application listing additional officers and/or directors. 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

13. TAMMIE MAJORS Secretary
(Typed or printed name and capacity of person signing application)

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



## State of Delaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9774918 TAMMIE MAJORS 6476 GRACE EDMOND DR MERIDEN, KS 66512 05-16-2017

**ATTN: TAMMIE MAJORS** 

DESCRIPTION	RIPTION	
4297170 - TDI GLOBAL SOLUTIONS, INC. Entity Status - Short Form		
	Certification Fee	\$50.00
	TOTAL CHARGES	\$50.00
	TOTAL PAYMENTS	\$50.00
	BALANCE	\$0.00

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TDI GLOBAL SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TDI GLOBAL SOLUTIONS, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202544913

Date: 05-16-17