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DATE: 2/8/19

NAME: TWENTY SECOND COMPANY INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION:

COVER LETTER

_	stration Secti sion of Corpo						
	TWENTY S	ECOND COMPA	ANY INC.				
SUBJECT:		Name of corporation - must include suffix					
Dear Sir or N	Madam:						
"Certificate	of Existence.		of Good Stand	authorization to Transacting" and check are subs in Florida.			
Please return	ı all correspoi	ndence concerni	ng this matter	to the following:			
Karen T. Rod	lriguez						
 			Name of P	erson			
Triad Profess	sional Services						
			Firm/Comp	oany			
1720 Windwa	ard Concourse,	S. 390					
			Addre	SS			
			City/State an	d Zip code			
Alpharetta, C	IA 30005						
		E-mail address	: (to be used to	or future annual report i	notification)		
For further i	nformation co	oncerning this m	atter, please c	all;			
Karen T. Rodriguez		770	777-2091				
Naı	ne of Person		at (Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is	a check for th	e following amo	ount;				
□ \$70.00 F	filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &		

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.

(Enter name of co	OND COMPANY INC. rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting bu	isiness in Florida)		
Delaware	3.	90-0598343			
(State or country	under the law of which it is incorporated)	(FEI number, if applic	able)		
07/23/2010	5	Perpetual			
(1)ate	of incorporation) 5.	(Date of duration, if other than	(Date of duration, if other than perpetual)		
Pending Registra	ation				
	(Date first transacted business in				
000 E Dalam White	(SEE SECTIONS 607.1501 & 607.15 Blvd, Suite 300 Port Saint Lucie, FL 34952	502, F.S., to determine penalty liability)			
					
Onto C Deigna Vict	Princip) a Blvd, Suite 300 Port Saint Lucie, FL 34952	oal office address)	2019 FE		
		11 '6 1760			
	(Current mailii	ng address, if different)	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Name and steel	t add <u>ress</u> of Florida registered agent: (P.G	() Roy NOT accentable)	ω" Θε Ξ		
rvame and silee	NRAI Services, Inc.	or box mor acceptable)	를 기 9		
Name:	NATI GOVICES, IIIC.		FE 96		
ffice Address:	1200 South Pines Island Road		1. –		
	Plantation	33324 , Florida			
	(City)	(Zip code)			

Registered agent's acceptance:

ving been named as registered agent and to accept service of process for the above stated corporation at the place ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ies, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agents signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to repartment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction the law of which it is incorporated.

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

	See attached list			
	See attached fish			
	man:			
	<u></u>			
-				
Director:				
Address:				
Director:				
Address:				
B. OFF	TCFDC			
	Michael J. O'Connor			
	9849 Perfect Drive	201	2010	
	Port Saint Lucie, FL 34986-3032	-	FFB	7
ice Pres	N/A sident:	A H AS	8	-
ldress:			3	1
			9: 06	
retary				
fress:				
isurei				
ress:	20048 SW Matera Way Port Saint Lucie, FL 34986-1736			
ΓE:	If necessary, you may attach an addendum to the application listing additional officers and Michael D. O'Common	or directors.		
	Signature of Director or Officer	u facto etetue	d bossi	
ue	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Departme legree felony as provided for in s.817.155, F.S.			
_	Michael D. O'Connor	. 		
	(Typed or printed name and capacity of person signing application)			

DIRECTORS of Twenty Second Company Inc.:

Keith W. Jones, Chairman and Director 40 Bassett Hunt Lane Glenmoore, PA 19343-1335

Michael Gresavage, Director 6820 Pelican Bay Blvd, Apt. 125 Naples, FL 34108

Adam Robert Smith, Director 381 Belle Foret Drive Lake Bluff, IL 60044-1230

Kenneth Alan Straup, Director 1224 Hedgerow Drive Grayslake, IL 60030-3547

Sam Silek, Director 2659 Turnberry Rd Salem, VA 24153

2019 FEB -8 AH 9: 06



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

DELAWARE, DO HEREBY CERTIFY "TWENTY SECOND COMPANY 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 EIGHTH DAY OF FEBRUARY, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWENTY SECOND COMPANY INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY,

A.D. 2010.

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

Authentication: 202228060

Date: 02-08-19