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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section			
Division of Corporations			
TMAC Consulting, Inc.			
SUBJECT: Name of	corporation -	must include suffix	
Traine of	oorporumen	mage morade surm	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	f Good Stand	ing" and check are sub	
Please return all correspondence concerning this matter to the following: Frank J. Rief, III		E JUL 2019 JUL TALLAH	
Name of Person Allen Dell, P.A.		22 1388	
Firm/Company 202 S. Rome Avenue, Suite 100		PH 4: 08 CF STATE E.FLORID	
Tampa, FL 33606	Addres	S	Þ
(City/State and	l Zip code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used fo	r future annual report i	notification)
For further information concerning this matter	ter, please ca	11:	
Frank J. Rief, III	813	769-3946	
Name of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the following amour	nt:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of \$		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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. TMAC Consulting, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Olichar Consulting, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) California 46-3040551 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) June 21, 2013 (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2723 S. Ysabella Avenue, Tampa, FL 33629 (Principal office address) N/A (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Thomas Edward Danford Name: 2723 S. Ysabella Avenue Office Address: Tampa,

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.

Clicans and ford
(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Thomas Edward Danford $\sqrt{}$ 2723 S. Ysabella Avenue, Tampa, FL 33629 Address: Vice Chairman: Director: Director: _ **B. OFFICERS** Thomas Edward Danford President: 2723 S. Ysabella Avenue, Tampa, FL 33629 Address: _____ Vice President: Address: ______ Meredith Anne Danford Secretary: 2723 S. Ysabella Avenue, Tampa, FL 33629 Address: _ Thomas Edward Danford V Treasurer: 2723 S. Ysabella Avenue, Tampa, FL 33629 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 a third degree felony as provided for in s.817.155, F.S. Thomas E. Danford - President 13. ____

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TMAC CONSULTING, INC.

FILE NUMBER: FORMATION DATE: C3580860

TYPE:

06/21/2013

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of Ca Horona, 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 June 28, 2019.

> ALEX PADILLA Secretary of State