# F19000004777

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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### **COVER LETTER**

	stration Section sion of Corporations							
	Total Control							
SUBJECT:		me of corporation	- mus	t include suffix	<u> </u>			
Dear Sir or N	Madam:							
"Certificate of	l "Application by Foreign of Existence," or "Certification corporation	cate of Good Star	ding"	and check are sub-				
Please return	all correspondence cond	erning this matter	to the	following:				
	<u> </u>	John Behkne Name of		<u> </u>		<del></del>		
		TEI Inc						
		Firm/Com	pany					
		1415 W O	ak Stre	eet #421412				
		Addr	ess					
		Kissimme	e FL 3	34741			2019	
		City/State a	nd Zip	code		2:	001 -	ه سد ا ا ا
	E-mail add	lress: (to be used	for fut	ure annual report r	otification)	•	<del></del>	ا ا ارداهم
For further in	nformation concerning th	is matter, please of	call:			<u> </u>	P# 1:	! ! 
John Behnl	ke	at (301	)	775-5543			2	
Nan	ne of Person	Area Cod	le	Daytime Telepl	hone Numb	er		
Regi Divi Clift 2661	REET/COURIER ADDI estration Section sion of Corporations con Building Executive Center Circle ahassee, FL 32301			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations			
Enclosed is a	a check for the following	amount:						
□ \$70.00 F	_	Filing Fce & C ate of Status		.75 Filing Fee & tified Copy		-	f 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.

1.	Train Equip Inc						
(Ent	er name of corporation; must include "INCORF" "Co" "Corp." "Inc," "Co," or "Corp.")	PORATED,"	"COMPANY,"	"CORPORATION	٧,"		···
	TEI						
(if n	ame unavailable in Florida, enter alternate corp	orate name ac	dopted for the p	ourpose of transactin	ig business in F	·lorida)	)
2	Maryland	3.	461380938				
(State or country under the law of which it is incorporated			(FEI number, if applicable)				
4	11/20/2012	5.					
· · ·	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.							
7	(SEE SECTIONS 607.15) 330 Aviation Way Frederick MD 2177	l	l office address				<del></del>
		(1 micipa	office address			2019	
	(Cı	irrent mailing	address, if diff	erent)	<del></del> .	007	
8. Nan	ne and street address of Florida registered a	agent: (P.O.	Box NOT ac	eceptable)	1	ص م	H
	Name: John Behkne					PĦ 나:	****
Office Address:	Address: 1415 W Oak Street # 4214	112				: 2	
	Kissimmee		, Florida	34741			
	(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.

(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 John Behnke Chairman: \_\_\_\_\_ Address: \_\_\_\_\_13678 Samhill Dr Mount Airy MD 21771 Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_ **B. OFFICERS** Marjorie Scripter President: 2881 Swoop Cir Address: \_\_\_\_ Kissimmee FL 34741 Vice President: \_\_\_\_Nicholas Forbes 22402 Hemlock Hills Place Address: Clarksburg MD 20871 Secretary: Cindy Taylor 2881 Swoop Cir Kissimmee FL 34741

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

Signature of Director or Office:

Treasurer:

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

Address:

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. Transtan Behala

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRAIN EQUIP, INC. (D14950455), INCORPORATED NOVEMBER 20, 2012, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 26, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: e5RwcAsPF0254N\_PPasBjg To verify the Authentication Code, visit http://dat.marvland.gov/verify