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COVER LETTER

TO: Registration Section Division of Corporate	ions		
SUBJECT: tklse, Inc.			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
	"Certificate of Good Stand	Authorization to Transact Business in ding" and check are submitted to reg in Florida.	
Please return all corresponde	nce concerning this matter	to the following:	
Cheryl Champagne			
	Name of I	Person	
tk1sc, Inc.			
	Firm/Com	pany	
15231 Laguna Canyon Road, S	uite 100		~>
	Addre	SS	- 11
Irvine, CA 92618			f -
	City/State ar	nd Zip code	20 J
cchampagne@tk1sc.com			·
E-	mail address: (to be used f	or future annual report notification)	્ર
For further information conc	erning this matter, please c	all:	-5°-
Cheryl Champagne	949 at () 751-5972)	
Name of Person	Area Code	Daytime Telephone Number	r
STREET/COURIE Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	ions assee eet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the for Please make check payable to:	FLORIDA DEPARTMENT	S78.75 Filing Fee & \$87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed Copy

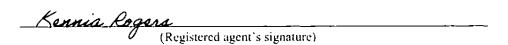
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	tklsc, Inc.				
		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
2	California	3.	33-1034661		
	(State or country under the law of which it is incorporated) (FEI nut		(FEI number, if applicabl	e)	
4.		5.	(Date of duration, if other than pe		
	(Date of incorporation)		(Date of duration, if other than pe	(Date of duration, if other than perpetual)	
6. 08/03/2020					
	130 Harwood Cir	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.		cle, Kissimmee, FL 34741 (Principal off	ice street address)		
	15231 Laguna Ca	anyon Road, Suite 100, Irvine , CA 92618	<u></u>	· .	
		(Current maili	ng address, if different)	59 59	
8.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	٠. ن	
	Name:	Kennia Rogers		سد. ۱	
Office Address:		130 Harwood Circle			
		Kissimmee	, Florida <u>34741-7947</u>		
		(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.



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.

A. DIRECTORS	•				
□Chairman	Name:	□ Chairman	Name: Roger (Carter	
□Vice Chairman	Address: 15231 Laguna Canyon Rd #100	□Vice Chaiπnan	Address:	Address: 15231 Laguna Canyon Rd #100	
□Director	Irvine, CA 92618	□Director	Irvine, CA 92618		
□President		□President			
□Vice President		□Vice President		· ·	
☐ Secretary	□Treasurer	□Secretary		□Treasurer	
Other CFO	Other	■Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chai⊓nan	Address:	□Vice Chairman	Address:	v <u>-</u>	
Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary		□Treasurer	
Other		□Other		□Other	
				. 5 . 5	
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>	
□Director		□Director		_ ``	
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other		□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department	nent of State Annual Re	eport form.	urposes only. Non-indexed	
	Signature of Director	or Officer	÷ •		
	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depa				
13.	Raymond Swartz - CEO				



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

Entity Name:

TK1SC

File Number:

C2484881

Registration Date:

12/19/2002

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of August 17, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

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

SEAL OF THE STATE OF THE STATE

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 18, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: Z7GD7KY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.