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COVER LETTER

FO: Registration Section Division of Corporations					
SUBJECT: TKD PROPER	RTIES, IN	۱C.			
		ust include suffix			
Dear Sir or Madam;					
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standing	" and check are submitte			
Please return all correspondence concernin	ig this matter to t	he following:	c= t	~2	
Wayne J. Dupuis			: - <u>C</u> -	7071 HEB	
	Name of Pers	on	(1)		
TKD PROPERTIES,	INC.		٠, ٢,	-9	
	Firm/Compan	y		P# ;	Γ _
12550 Villagio Way			m's I	<u>က်</u> 	٠.
Fort Myers Florida 33	Address 3912		一点	<u>5</u>	
_	City/State and Z	ip code	-		
wayne@wayneswoodci	raft.com				
For further information concerning this ma	atter, please call:	uture annual report notif	ication)		
Name of Person	Area Code	Daytime Telephone	e Number	-	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	S:	MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT OF g Fee & 🕒 \$7		\$87.50 Filin Certificate c Certified Co	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.

I. TKD PROF	PERTIES, INC.		
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATI	ION,"
(If name unavaila	ible in Florida, enter alternate corporate na	ime adopted for the purpose of transac	cting business in Florida)
NEVADA	4	3.	
	y under the law of which it is incorporated) (FEI number, if	applicable)
. 02/11/20)20	5.	
(Date	of incorporation)	5. (Date of duration, if oth	er than perpetual)
j			
	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 17.1502, F.S., to determine penalty lial	bility)
12550 Vi	<u>llagio Way</u> Fort My	ers, Florida 33912	20 2
	(Principal	office street address)	THE BUTTON
	(Current ma	ailing address, if different)	. 9
			G P M
. Name and stree	t address of Florida registered agent: ((P.O. Box NOT acceptable)	ြို့တွေ 🔾
Name:	Helen A Dupuis		PH 3: 15
Office Address:	12550 Villagio Way		
	Fort Myers	. Florida 33912	
	(City)	(Zip code)	
lesignated in this urther agree to co	nt's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute with and accept the obligations of my	intment as registered agent and a es relative to the proper and comp	gree to act in this capacity. I
_	HDypuis (Registered agent		
_	(Registered agent	's signature)	
0. Attached is a c	ertificate of existence duly authenticat		delivery of this application to

For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

nder the law of which it is incorporated.

he Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
□Chairman	Name: Wayne J. Dupuis	□ Chairman	Name: Helen A Dupuis
☐Vice Chairman	Address: 12550 Villagio Way	□Vice Chairman	Address: 12550 Villagio Way
Director	Fort Myers Florida 33912	Director	Fort Myers Florida 33912
⊡President		□President	
□Vice President		□Vice President	
©Scoretary	☐Treasurer		□'l reasurer
□ Oxher	□Other	Other	Other
☐ Chairman	Name: Helen A Dupuis	[] Chairman	Name: Wayne J Dupuis
□Vice Chairman	Address: 12550 Villagio Way	□ Vice Chairman	Address: 12550 Villagio Way
□ Director	Fort Myers Florida 33912	©Director	Fort Myers Florida 33912
□ President		☐ President	
□Vice President		□Vice President	921 P
OScarciary	@ l'reasurer	☐ Secretary	O'licasurer 1
□Other	DOther	□Other	Other
□Chairman □Vice Chairman □Director	Name:Address:		Name: Fr 5
□President		□President	
☐Vice President		□Vice President	
☐ Socretary	☐ Treasurer	☐ Secretary	☐ Ureasurer
☐Other	☐Other	□(Ather	□Other
The officer or direct she is aware that fals s.817,155, F.S.	Signature of Direct or signing this document (and who is listed in number of comment to the Department of Signature of Direct or signing this document (and who is listed in number information submitted in a document to the De J. Dupuis, President (Typed or printed name and capacity of p	or or Officer The partment of State constitute	ort form.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate? evidence, **TKD PROPERTIES, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/11/2020, and is in good standing in this state.

Certificate Number: B202102011399373

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/01/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State