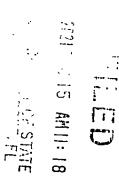
Fal 2000001193

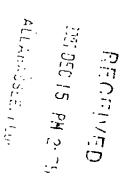
(Requestor's Name)					
(Address)					
(Address)					
(National)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(======================================					
Control Control					
Certified Copies Certificates of Status					
Special Instructions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

Office Use Only



800377434758





S. HAWKES

DEC _ = 2021

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

PRIORITY Regular Approval

OUR REF_#:(Order:ID#) 980519

ORDER ENTITY TBD BUSINESS, INC.

TOO BOSINESS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: TBD BUSINESS, INC. (FL)

File the attached foreign qualification document

NOTES:	 7
140,1 L31	
\$70.00 Authorized	
Email address for annual report reminders: Jason@familycentral.com).	

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transactin	g business in Florida)
Delaware	3.		
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
October 19, 202	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
N/A			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ity)
801 NE 69th Stre	et, Boca Raton, FL 33487		
	(Principal office	street address)	2821 5
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Incorporating Services, Ltd.		AHII: 18
fice Address:	1540 Glenway Drive	_	HE 18
	Tallahassee	Florida 32301 (Zip code)	(e
	(City)	(Zip code)	
Registered age	ent's acceptance:		
wing been nam signated in this other agree to c	ed as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes related and accept the obligations of my positive.	nt as registered agent and agro ative to the proper and comple	ee to act in this capac

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Boca Raton, FL 33487	Director					
President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐Secretary	□Treasurer				
Other	Other	□Other	□Other				
☐Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other		Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	DVice Chairman					
□Director		Director	Address:				
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	[]Other				
Important Notice: Use an attachment to report more than ix (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12	Jam 1	<i>Y</i>					
Signature of Director of 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.							
13. Jason Brown	n, President						

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TBD BUSINESS, 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 FIFTEENTH DAY OF DECEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TBD BUSINESS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204983388

Date: 12-15-21