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T. LEMIEUX JAN - 6 2022

COVER LETTER

то:		tration Section ion of Corporations		
SUBJ	FCT.	TCD EQUIPMENT RENTAL	J. INC.	
.,()1),	BCT.	Name o	of corporation	n - must include suffix
Dear S	Sir or M	adam:		
"Certit	ficate o		of Good Stan	Authorization to Transact Business in Florida," and check are submitted to register the ess in Florida.
Please	return :	all correspondence concerni	ng this matter	r to the following:
RAND	Y GAG	NON		
			Name of	Person
TCD E	EQUIPM	IENT RENTAL, INC		
			Firm/Con	mpany
100 KI	EMIN D	·R		
			Addr	ress
HITCE	чсоск	TX 77563-3035		
		•	City/State a	ınd Zip code
RAND	Y@TE	XASDIVING.US		
		E-mail address	to be used:	for future annual report notification)
For fur	rther in:	formation concerning this m	atter, please c	call:
RAND	ANDY GAGNON at ()		967-7990	
	Name	e of Person	Area Cod	
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	sed is a make ch),00 Fili	check for the following amo eck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee & E	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

TCD EQUIPMI	ENT RENTAL, INC.		
(Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D." "COMPANY." "CORPORATIO	ON."
	able in Florida, enter alternate corporate nar	• • •	-
TEXAS	y under the law of which it is incorporated)	3	
05/04/2020			
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabi	ility)
100 KEMIN DRI	VE HITCHCOCK TX 77563		
	(Principal c	office street address)	
	(Current ma	iling address, if different)	
. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	CHRISTOPHER GIBBS		22
	5100 ULMERTON RD. UNIT 9		
ffice Address:	5100 ULMERTON RD. UNIT 9 CLEARWATER (City) ent's acceptance: sed as registered agent and to accept se	227.0	
	CLEARWATER	Florida	W
	(City)	(Zip code)	
. Registered age	ent's acceptance:		ω
	ed as registered agent and to accept se	rvice of process for the above state	ed corporation at the place
irther agree to c	application, I hereby accept the appoin omply with the provisions of all statute with and accept the obligations of my	ntment as registered agent and ag is relative to the proper and compl	ree to act in ims/capacity.
	<i>(1</i>)	1, -	
_	Christopher &	2660	

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

☐Chairman	Name: WESLEY GUNTHARP	☐ Chairman	Name: PETER JOENSEN
□Vice Chairman	Address: 100 KEMIN DRIVE	□Vice Chairman	Address: 100 KEMIN DRIVE
Director	HITCHCOCK, TX 77563	□Director	HITCHCOCK, TX 77563
■ President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	■ Secretary	□Treasurer
□Other	□Other	Other	Other
□ Chairman	Name: RANDY GAGNON	□Chairman	Name:
□Vice Chairman	Address: 100 KEMIN DRIVE	□Vice Chairman	Address:
Director	HITCHCOCK, TX 77563	☐ 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	□Treesurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep		
12	Thu The	ector or Officer	
The officer or direct	tor signing this document (and who is listed in r	iumber 11 above) affirms th Department of State constitu	iat the facts stated herein are true and that he o

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TCD Equipment Rental, Inc. (file number 803609208), a Domestic For-Profit Corporation, was tiled in this office on May 04, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 28, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov Fax: (512) 463-5709

; (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1106293860003