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SECRETARY OF STATE

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Tribal Community Developmen	nt Corp.		
oomier.		corporation -	must include suffix	
Dear Sir or M	1adam:			
"Certificate o	"Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	f Good Standi	ng" and check are submi	
Please return	all correspondence concerning	g this matter to	the following:	
Bradley E Ess	man, Esq.			
	,- ,-	Name of Pe	rson	
General Coun	sel US, PLLC			
		Firm/Compa	nny	-
136 4th St N.	Suite 207			
		Address	;	
St Petersburg,	FL 33701			
		City/State and	Zip code	
Bradley@GC-				
	E-mail address: (to be used for	future annual report not	ification)
For further in	formation concerning this mat	ter, please cal	1:	
Bradley E Ess	man a	727 I (893-8077	
Nam	ne of Person		Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Enclosed is a Please make of	check for the following amous neck payable to: FLORIDA DEP ing Fee	Fartment C		■ \$87.50 Filing Fee. 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.

and the contract of the contra

If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)
Colorado	3 8	7-4001845	
(State or countr	y under the law of which it is incorporated)	7-4001845 (FEI number, if a	applicable)
12/10/2021			
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ility)
36 4th St N, Sui	te 207, St Petersburg, FL 33701		
			· · · · · · · · · · · · · · · · · · ·
	(Principal office	address, if different)	
		address, if different)	
Name and <u>stree</u>	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2821 SEC TALL
Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Bradley E Essman, Esq. 136 4th St N, Suite 207	address, if different) Box <u>NOT</u> acceptable)	2821 DEC SECRET TALLAHA
Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Bradley E Essman, Esq. 136 4th St N, Suite 207	address, if different)	2821 DEC 20 SECRETARY TALLAHASSI
Name and <u>stree</u> Name: ice Address:	(Current mailing et address of Florida registered agent: (P.O. Bradley E Essman, Esq. 136 4th St N. Suite 207 St Petersburg (City)	address, if different) Box <u>NOT</u> acceptable)	SECRETARY OF TALLAHASSEE.
Name and <u>stree</u> Name: ice Address: Registered ag	(Current mailing et address of Florida registered agent: (P.O. Bradley E Essman, Esq. 136 4th St N, Suite 207	address, if different) Box NOT acceptable) , Florida 33701(Zip code)	

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 Gene Newton Bradley E Essman ■ Chairman □ Chairman 112 Harvard Ave 136 4th St N Address: □ Vice Chairman ☐ Vice Chairman Address: Suite 207 Suite 214 □ Director ■ Director St Petersburg, FL 33701 Claremont, CA 91711 □President President □Vice President ___ _ ☐ Vice President ☐ Treasurer ☐ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other ____ □Other _____ □Chairman Name: _____ □Chairman Name: ☐ Vice Chairman □ Vice Chairman Address: ___ _____ Address: _____ □Director □Director □President □President □ Vice President _____ ☐ Vice President ☐Treasurer ☐ Secretary □ Treasurer □ Secretary ☐ Other _____ □Other _____ □Other _____ □Other Name: ____ ___ □Chairman Name: ______ □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: ______ □ Director □Director □President □ President □Vice President _____ ☐ Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other Important Notice: Use an attachment to report more than six (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. Signature of Director or 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. Bradley E Essman, President/CEO

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Tribal Community Development Corp.

is a

Corporation

formed or registered on 12/10/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20218161240.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/06/2022 that have been posted, and by documents delivered to this office electronically through 01/10/2022 @ 11:52:17.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/10/2022 @ 11:52:17 in accordance with applicable law. This certificate is assigned Confirmation Number 13706850



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/hz/CertificateSearchCerteria.do entering the vertificate's conformation number displayed on the certificate, and following the instructions displayed. Conforming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/chck "Businesses, trademarks, trade names" and select "Frequently Asked Questions."