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(Re	equestor's Name)		
(Ad	ldress)		
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(Bu	usiness Entity Nar	ne)	
(Document Number)			
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SECRETARY UP-GRATE

COVER LETTER

_	distration Se ision of Co				
SUBJECT	, Till, Inc.				
SOMECI	•	Name of	corporation -	- must include suffix	
Dear Sir or	Madam:				
"Certificate	of Existence		Good Stand	Authorization to Transac ling" and check are sub s in Florida.	
Please retur	n all corres	oondence concerning	this matter	to the following:	
K. McCoy					
			Name of I	Person	
Harbor Com	pliance				
			Firm/Comp	pany	
1830 Coloni	al Village La	ine			
		•	Addre:	ss	
Lancaster, P	A 17601				
		(City/State an	d Zip code	
professional	@harborcom	•			
		E-mail address: (to be used fo	or future annual report r	notification)
For further:	information	concerning this matt	ter, please ca	ill:	
K. McCoy		at	717	929-8156	
Na	me of Perso		Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check payab	the following amour le to: FLORIDA DEP. \$78.75 Filing F Certificate of S	ARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$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.

1.	Till, Inc.				
	(Enter name of co	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
	(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	siness in Florida)	-
2.	Delaware	3. 82	-3882058		
_	(State or country	y under the law of which it is incorporated)	(FEI number, if application	ible)	
4.	12/22/2017	5			
•	(Date	of incorporation) 5	(Date of duration, if other than	perpetual)	•
6.	2/22/2022				
``		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		75 20 75 20	
7.		LN NW #246, Atlanta, GA, 30318		11. 12.	 :
		(Principal office	street address)	2022 HAR SECRE II TALL NHA	· !
	1445 Woodmont	LN NW #246, Atlanta, GA, 30318		SS - 8	M
0	N	· · · · · ·	ddress, if different)	PM 1: OF STA	
δ.	. Name and <u>stree</u>	et address of Florida registered agent: (P.O. b	sox <u>inQ1</u> acceptable)	55 (TE (10A	
	Name:	Registered Agents Inc.			
О	office Address:	7901 4th St N STE 300		200	
		St. Petersburg	, Florida	· · · · ·	
		(City)	(Zip code)	•	
H di fi	laving been nam esignated in this irther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agree to tive to the proper and complete pe	बद्धांn this capa	city. I
		Bell Have	Registered Agents Inc. Bill Havre - Assistant Secreta	гу	

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.

(Registered agent's signature)

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Atlanta, GA, 30318	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□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		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		,, <u>-</u>
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		Other	.	□Other
Important Notice: Usindividuals may be 12. /s/ David Su	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmentillivan	nt of State Annual Re	port 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. David Sullivan, President				
13. <u>Bavia Sanive</u>	in, resident			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TILL, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL PEROPES HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TILL, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBED, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TRANSCHIPS TRAN

Authentication: 202680102

Date: 02-16-22

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