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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TEJ DIEAMS COIP.		
SUBJECT: TEJUCEAMS COLO. Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reabove referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Janua Longibamp		
Tanya Longchamp Name of Person		
TET DIPORTS COIP		
T & J D (earns Corp. Firm/Company		
271 N. Long Beach Auc		
France 121 11520		
Freeport N.V. 11520 City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Numb	er	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations	Registration Section Division of Corporations	
The Centre of Tallahassee P.O. Box 6327	P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303		
Certificate of Status Certified Copy Certi	0 Filing Fee, ficate of Status & fied 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York

(State or country under the law of which it is incorporated)

4. 5/12/22

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) ong Beach Ave Freeport, N. (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Port Scint Luice, Florida 34986
(City) (Zip code) Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Donald Bucker egistered agent's signature) 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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.

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

A. DIRECTORS						
□Chairman	Name: Tanya Longchamp	□Chairman	Name:			
□Vice Chairman		□Vice Chairman	Address:			
irector	freeport, N.Y. 11520	☐Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other		□Other	<u></u>	□Other		
□Director □President	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:	MISSER, FLORID		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:					
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary		□Treasurer		
□Other	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. 12. 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.						
13. Tanya Longchamp Wicector (Typed or printed name and capacity of person signing application)						

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

T&J DREAMS CORP. **Entity Name:**

6483297 DOS ID Number:

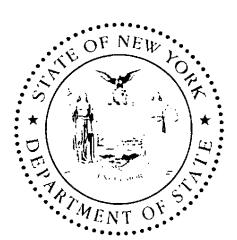
DOMESTIC BUSINESS CORPORATION Entity Type:

EXISTING **Entity Status:** 05/12/2022 Date of Initial Filing with DOS:

CURRENT Statement Status: Statement Due Date:

05/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State. at the City of Albany, on June 14, 2022 at 01:45 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes

Executive Deputy Secretary of State

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