

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 873222003555
Phone : (561)686-3307
Fax Number : (561)298-1598

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: bmhann@nasonyeager.com

Foreign Limited Liability Company
Tide Tamer Florida, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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S. FRANKLIN

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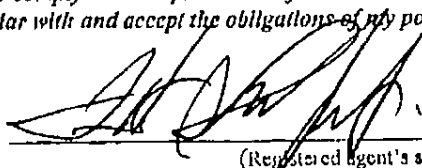
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Tide Tamer Florida, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. North Carolina 3. 83-4184575
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 31, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 678 NE Collin Kelly Highway, Madison, FL 32340
(Principal office street address)
PO Box 737, Snow Hill, NC 28580
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Francis H. Shackelford, Jr.
Office Address: 678 NE Collin Kelly Highway
Madison, Florida 32340
(City) (Zip code)

9. 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.


(Registered agent's signature)

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.

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

A. DIRECTORS

☐ Chairman Name: William B. Griffin
☐ Vice Chairman Address: PO Box 737
☒ Director Snow Hill, NC 28580
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Francis H. Shackelford, Jr.
☐ Vice Chairman Address: PO Box 737
☒ Director Snow Hill, NC 28580
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

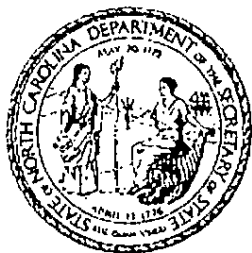
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TIDE TAMER FLORIDA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 31st day of October, 2022, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of November, 2022.

Elaine F. Marshall

Secretary of State

October 31, 2022

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Tide Tamer Florida, LLC, a Florida limited liability company (the "Company")
Document No.: L19000083962

Dear Sir/Madam:

I am the Manager of the above referenced limited liability company, Tide Tamer Florida, LLC. The Company is merging into a North Carolina corporation, TTF1, Inc. ("TTF1"). The Company hereby authorizes TTF1 to share its name, Tide Tamer Florida, LLC, as TTF1 will be the surviving corporation and will be simultaneously changing its name to Tide Tamer Florida, Inc.

Please contact my office should you have any questions regarding the above.

Tide Tamer Florida, LLC


Francis H. Shackelford, Jr., Manager

NORTH CAROLINA

LENOIR COUNTY

I, Angela Carter, a Notary Public of said County and State certify that Francis H. Shackelford, Jr., being personally known to me or identified by satisfactory evidence, came before me this day and acknowledged that he is the Manager of Tide Tamer Florida, LLC, a Florida limited liability company, and that by authority duly given, he voluntarily executed the foregoing instrument, as the act of such limited liability company.

Witness my hand and notarial seal, this 31st day of October, 2022.

