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S. FRANKLIN FEB 0 3 2023

COVER LETTER

Division of Corporations	
SUBJECT: Tygate Motel Carporation - must)
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in Fl	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Sarah Le Begu	193
Name of Person	:
Tygale Molei A	appration >
1071,11) illisto	n Rd
So But ling to	X-05403
City/State and Zip City/State and Zip E-mail address: (to be used for future)	ammera Amp. Com
For further information concerning this matter, please call:	, , ,
Salah Lo Boan at (802) Name of Person Area Code	051-0634 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	ATE 5 Filing Fee & S87.50 Filing Fee, fied 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. Tygate Molel Corporation
(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. Vernant
(State or country under the law of which it is incorporated)

3. 03-03-64469
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 7 (Zip code) 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.

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	ار میگا م		O 11		
□Chairman	Name: James J. D. Conrell	□Chairman	Name: Thomas O Conhl		
□Vice Chairman	Address: 100 Strand Drive	□Vice Chairman	Address: 100 Strand Drive		
□Director	Yew Beach, FL 32963	□Director	YeloBeach, F(32963		
l ∏ President		□President			
□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	Other	Other	□Other		
□Chairman	None	Flore	M. II.		
	Name:	□ Chairman	Name:		
	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		President			
□Vice President		☐Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer,		
□Other	□Other	□Other	☐Other		
			. 20		
□Chairman	Name:	Chainnan	Name:		
□Vice Chairman	Address:	□Vice Chairman			
Director		□Director	\$ 9		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other	□Other	□Other	□Other		
individuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department of the following of the state of th	nt of State Annual Re	ed for reporting purposes only. Non-indexed eport 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.					
13. Laura Levering O'(anell President (Typed or printed name and capacity of person signing application)					

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

TYGATE MOTEL CORPORATION

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Jun 17, 1977.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

January 10, 2023

5MCEP

Given under my hand and seal of office, at Montpelier, the State Capital.

Sarah Copeland Hanzas Vermont Secretary of State

Business ID: 0073611

Certificate Number: 2014030338001

