

F23000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

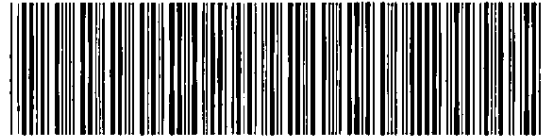
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2023 FEB 17 AM 10:51

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2023 FEB 17 AM 11:42

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 18 2023

K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 268871 8253921

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : December 21, 2022

ORDER TIME : 10:55 AM

ORDER NO. : 268871-040

CUSTOMER NO: 8253921

FOREIGN FILINGS

NAME: TURNBERRY SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turnberry Solutions, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Crystal Gateley

Name of Person

Turnberry Solutions, Inc.

Firm/Company

100 S 5th STE 300

Address

Minneapolis, MN 55402

City/State and Zip code

accounting@turnberrysolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Gateley

at (612) 406-8747

Name of Person

Area Code

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Turnberry Solutions, Inc.
(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. Pennsylvania 3. 23-3064919
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/28/2001 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. 1777 Sentry Parkway West, Veva 14, Suite 401, Blue Bell, PA 19422
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

Eyline Bahar
Assistant Vice President

(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]:

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A. DIRECTORS

☐ Chairman Name: James Kelly
☐ Vice Chairman Address: 100 S 5th STE 300
☐ Director Minneapolis, MN 55402
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: James Alves
☐ Vice Chairman Address: 1777 Sentry Pkwy W
☐ Director Blue Bell PA 19422
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

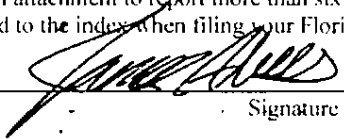
☐ Chairman Name: Brett Stoutland
☐ Vice Chairman Address: 1777 Sentry Pkwy W
☐ Director Blue Bell PA 19422
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bobby Chen
☐ Vice Chairman Address: 111 Huntington Ave 29th Floor
☒ Director Boston, MA 02199
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Austin Heiman
☐ Vice Chairman Address: 111 Huntington Ave 29th Floor
☒ Director Boston, MA 02199
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joseph Rose
☐ Vice Chairman Address: 1777 Sentry Pkwy W
☒ Director Blue Bell PA 19422
☐ 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.

13. James Alves - President
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: TURNBERRY SOLUTIONS, INC.
Request Type: Subsistence Certificate **Issuance Date:** February 13, 2023
Request No.: 009671526 **File No.:** 0002996713
Receipt No.: 000374701
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: March 28, 2001
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

TURNBERRY SOLUTIONS, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov