

F230000006953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

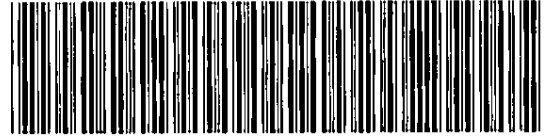
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100419924611

2023 DEC 18 PM 5:34

RECEIVED
AND
FILED

2023 DEC 18 PM 4:15

RECEIVED

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

DEC 18 2023

K. Brumbley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 12/18/2023

Name: Xavian Brown

Reference #: 2213374

Entity Name: TGIF SOLUTIONS, INC.

Account#: I200000000088
For any issues please contact
Xavian Brown
518-213-0739

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$70.00

Signature: 

**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. TGIF 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. 47-4924064
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 21, 2015 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. 331 Arthur St., Kittanning, PA 16201
(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: Charlene Sati

(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]:

2023 DEC 18 PM 5:34

RECEIVED
CLERK OF THE
SUPREME COURT
JAN 3 2024

A. DIRECTORS

☐ Chairman Name: Scott Wick

☐ Vice Chairman Address: 305 W. Front St., Suite 201

☒ Director Traverse City, MI 49684

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Bret Atwood

☐ Vice Chairman Address: 331 Arthur St.

☐ Director Kittanning, PA 16201

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: David Tuit

☐ Vice Chairman Address: 601 5th St. NW, Suite 500

☐ Director Grand Rapids, MI 49504

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Scott Goodreau

☐ Vice Chairman Address: 305 W. Front St., Suite 201

☐ Director Traverse City, MI 49684

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

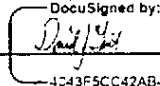
☐ President _____

☐ 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.  4243F5CC42AB458 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. David Tuit, Chief Financial Officer
(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: TGIF Solutions, Inc.
Request Type: Subsistence Certificate **Issuance Date:** December 13, 2023
Request No.: 027087125 **File No.:** 0006299771
Receipt No.: 000810148
Filing Type: Domestic Business Corporation
Filing Subtype: Statutory Close
Initial Filing Date: September 21, 2015
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

TGIF 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
Secretary of the Commonwealth

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