# F24000000885

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#### **COVER LETTER**

то:	CO: Registration Section Division of Corporations						
SUBJ	ECT: TP	V, Inc.					
2020		Nam	e of corporation	on - must	include suffix		
Dear S	Sir or Mada	m:					
"Certif	ficate of E	oplication by Foreign Castence," or "Certifica foreign corporation to	te of Good St	anding'' a	nd check are sub	ct Business in Florida." omitted to register the	
Please	return all	correspondence concer	ning this matt	er to the	following:		
Richard	d A. Vrhovo	e, Esq.					
			Name o	of Person			
Law O	ffice						
			Firm/Co	mpany	•		
719 Va	ın Houten A	venue					
			Ado	iress			
Clifton	. NJ 07013						
			City/State	and Zip	code		
upv309	93@msn.co						
		E-mail addre	ss: (to be used	for futui	re annual report i	notification)	
For fur	rther infori	nation concerning this	matter, please	call:			
Richard	d A. Vrhove		973 _ at (	779- )	-2001		
	Name of	Person Person	Area Co	ode	Daytime Telep	hone Number	
STREET/COURTER 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			
Please i		ck for the following ar payable to: FLORIDA I Fee	DEPARTMEN	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 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.

TPV, Inc.					
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "C	OMPANY." "CORPORATION,"		
TPV-FL, Inc.					
(If name unavail	able in Florida, enter alternate corporate name	adop	ted for the purpose of transacting busin-	ess in Florida)	
New Jersey			22-3392083		
(State or countr	y under the law of which it is incorporated)	·	(FEI number, if applicable)		
8/17/1995	-				
(Date	of incorporation)	·	(Date of duration, if other than perpetual)		
·	(Date first transacted business			-	
	(SEE SECTIONS 607.1501 & 607.1	502, 1	F.S., to determine penalty liability)		
811 Sikes Blvd., I	Lakeland, FL 33815				
	(Principal of	fice <u>st</u>	reet address)		
719 Van Houten	Avenue, Clifton, NJ 07013				
	(Current maili	ing ad	Iress, if different)		
				707	
. Name and stree	et address of Florida registered agent: (P.	O. Bo	x <u>NOT</u> acceptable)	JA:	
Name:	Registered Agents Inc.		-	₩ 30	
Office Address:	7901 4th Street N, Stc. 300		•	=	
	St. Petersburg		, Florida 33702	ယ္.	
	(City)		(Zip code)	5 <b>7</b>	

#### 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.

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 Name: Richard A. Vrhovc, Esq. □ Chairman ■ Chairman 719 Van Houten Ave. Address: □Vice Chairman Address: ☐ Vice Chairman Clifton, NJ 07013 □ Director □ Director □ President □President ☐ Vice President ☐ Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other □Other \_\_\_\_ □Other \_\_\_\_\_ Name: Name: \_\_\_\_\_ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_\_ □ Director Director □President ☐ President ☐ Vice President □ Vice President □Treasurer ☐ Secretary □Treasurer □ Secretary Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman ☐ Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director ☐ Director □President □ President □ Vice President □ Vice President Treasurer □ Secretary □Treasurer □ Secretary □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 the index when filing your Florida Department of State Annual Report 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

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.

🚬 Richard A. Vrhovc, Esq., Chairman



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active"
  status. The first report is due in the year following formation. The report must be filed
  electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is
  \$150. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual
  Report Reminder Notices" are sent to the e-mail address you provide us when you submit
  this document for filing. To file any time after January 1<sup>st</sup>, go to our website at
  www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

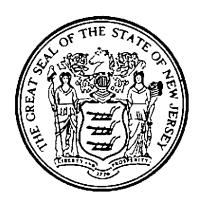
TPV, INC. 0100636430

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 17, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RICHARD VRHOVC 719 VAN HOUTEN AVENUE CLIFTON, NJ 07013



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of November, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6148374051

Login

# Certificate Validation

You may validate any certificate that is issued by the Division and that contains a validation number under the printed seal of the State of New Jersey. For validation of a Certificate of Authority you will need to use the Document Locator Number. This application is not available for any certificate which contains a gold embossed seal.

September 27, 2023, validations will need to be made via calling our hotline at 609-292-9292 or emailing NJ, Notary Unit@treas.nj, gov. Due to a recent upgrade, if you are attempting to verify an Apostille/Certification with certificate number starting with 85 printed after

Enter the Validation Number shown on the bottom left of the Certificate you are seeking to validate.

Validation Number

6148374051

Validate

The certificate number you entered is valid. Short Form Standing for TPV, INC. NJ 10-digit ID 0100636430 was issued on 11/15/2023 12:00:00 AM using the NICUSA system under certificate number 6148374051. HE SHEET CONTROLL OF CONTROLL OF CONTROLL OF CONTROL OF

