# F24000000994

		<u>.</u>
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	9 #)
<u></u>		
PICK-UP	WAIT	MAIL
· /Ru	siness Entity Nan	na)
(Du	Siness Entity Nati	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		





000423406950

02/06/24--01011--010 \*\*87.50

2024 FEB -6 PM 3: 22 SECULAHASSEE, FL

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1 - SCHOOL DESIGNS TOC.  Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register above referenced foreign corporation to transact business in Florida.	ida," the
Please return all correspondence concerning this matter to the following:	
Name of Person	
T- Sq. Avil Dissigns Trc. Firm/Company	
1135 Kingsway Dr Address	
City/State and Zip code  TREEF O TSQUARE DESIGNS INC. COM  E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
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  \$\Boxed{\text{S}} \ \$70.00 \text{Filing Fee & } \Boxed{\text{S}} \ \$87.50 \text{Filing Fee & } \Certificate of \text{Status} \text{Certified Copy} \text{Certified Copy}	of Status &

### 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. T - SQUARTE DIESIGYS JINC
(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. Co/oiz/ADO
(State or country under the law of which it is incorporated)

3. 26-1367158
(FEI number, if applicable) 4. 11-6-07 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1135 Kingsway Dr NOKOMIS IFL 34825 (Principal office street address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) TREET TROMBLEY Name: NOKOMOS JANOS (Zip code) Office Address:

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	
Chairman Name: Tikiteis Tromber	□Chairman Name:
□Vice Chairman Address: 1135 Kings Wing D	□Vice Chairman Address:
Microcor 1-10-101 34275	□ Director
President	☐ President
□Vice President	□Vice President
☐ Secretary <b>S</b> Treasurer	□ Secretary □ Treasurer
□Other □Other	□ Other
Chairman Name: Town Trameur	☐Chairman Name:
Uvice Chairman Address: 2017 CANSA LAKES 31	□ Vice Chairman Address:
□ Director No.	□ Director
□ President	☐ President
Vice President	□Vice President
X Secretary □ Treasurer	□ Secretary □ Treasurer
□Other	□Other
Chairman Name:	□Chairman Name:
□Vice Chairman Address:	□Vice Chairman Address:
□Vice Chairman Address:	□ Vice Chairman Address:
Director	□ Director
□ Director	□ Director □ President
□ Director □ President □ Vice President	□ Director □ President □ Vice President
□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ □ Other □  Important Notice: Use an attachment to report more than six (6). The att individuals may be added to the index when filing your Forida Department.	□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ Other □ chment will be imaged for reporting purposes only. Non-indexed ent of State Annual Report form.
□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ □ Other □  Important Notice: Use an attachment to report more than six (6). The att individuals may be added to the index when filing your Forida Department.	□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ Other □ chment will be imaged for reporting purposes only. Non-indexed ent of State Annual Report form.
□ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ Important Notice: Use an attachment to report more than six (6). The att individuals may be added to the index when filing your Forida Department of Director.  The officer or director signing this document (and who is listed in numb she is aware that false information submitted in a document to the Department of th	□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ Other □ chment will be imaged for reporting purposes only. Non-indexed ent of State Annual Report form. □ Officer □ I above) affirms that the facts stated herein are true and that he or

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

T-Square Designs Inc

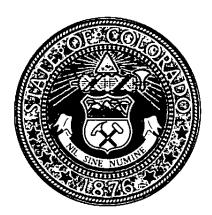
is a

#### Corporation

formed or registered on 11/06/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071512392.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/31/2024 that have been posted, and by documents delivered to this office electronically through 02/02/2024 @ 07:52:54.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/02/2024 @ 07:52:54 in accordance with applicable law. This certificate is assigned Confirmation Number 15716961



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSecre.ht/riteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."