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COVER LETTER

TO: Registration Section Division of Corporation	os		•
SUBJECT: TDN MONEY SY			
	Name of corporation	- must include suff	
Dear Sir or Madam:	•	must mornes sum	X
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	tion to transact busines	is in Florida.	nsact Business in Florida," submitted to register the
Please return all correspondence of GORDON BELL	concerning this matter	to the following:	
TDN MONEY SYSTEMS, INC.,	Name of F	erson	
200 RACOOSIN DRIVE #107	Firm/Comp	any	
ASTON, PA 19014	Addres	5	
GBELL@TDNMONEY.COM	City/State and	Zip code	
E-mail a For further information concerning	iddress: (to be used for this matter, please call	future annual report	notification)
GORDON BELL	at (610	721-6339	
Name of Person	Area Code	Daytime Telep	phone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a check for the following Please make check payable to: FLORID \$70.00 Filing Fee \$78.75 I	A DEPARTMENT OF Filing Fee & S78	STATE 3.75 Filing Fee & rtified Copy	\$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.

(Hniae na	EY SYSTEMS INC.,	
"Inc.," "Co.,"	of corporation; must include "INCORPORATE "Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
TDN		
(If name unav	ailable in Florida, anter alt	ne adopted for the purpose of transacting business in Florida)
PENNSVIV	A NITA	e adopted for the purpose of transacting business in Florida
		23-2911431
(State or cour	atry under the law of which it is incorporated)	·
4. JUNE 16, 199	97	(FEI number, if applicable)
	te of incomment.	
(Da	te of incorporation)	(Date of duration, if other than perpetual)
6. am one of the	e new owners of the company, but to the best of	f my recollection is a transfer than perpetual)
	(Date first travers to 11	The state of the s
	(SEE SECTIONS 607 1501 % 607 1	n Florida, if prior to registration)
200 RACOOSIN	DRIVE #107 ASTON, PA 19014	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
/·		•
	(Principal offi	ce street address)
		<u> </u>
	/6	-
	(Current mailin	g address, if different)
		•
O 1 .		
Name and street	et address of Florida registered agent: (P.O.	Por Not
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O REGISTERED AGENTS INC.	
Name:	REGISTERED AGENTS INC.	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O REGISTERED AGENTS INC. 7901 4TH ST. N STE 300	<u> </u>
Name:	7901 4TH ST. N STE 300 ST PETERSBURG	
Name:	7901 4TH ST. N STE 300 ST PETERSBURG	
Name:	7901 4TH ST. N STE 300 ST PETERSBURG	
Name: Office Address:	7901 4TH ST. N STE 300 ST PETERSBURG (City)	Florida 33702 (Zip code)
Name: Office Address: Registered ager	7901 4TH ST. N STE 300 ST PETERSBURG (City)	
Name: Office Address: Registered ager laving been name	7901 4TH ST. N STE 300 ST PETERSBURG (City) nt's acceptance: d as registered agent and to accept service	Florida 33702 (Zip code)
Name: Office Address: Registered ager laving been name esignated in this a	7901 4TH ST. N STE 300 ST PETERSBURG (City) nt's acceptance: d as registered agent and to accept service application, I hereby accept the appointments and to accept the appointments and to accept the appointments and the service application of the service application.	Florida 33702 (Zip code) of process for the above stated corporation at the place at a registered agent and agree to proceed the place agree to proc
Name: Office Address: Registered ager laving been name esignated in this a	7901 4TH ST. N STE 300 ST PETERSBURG (City) nt's acceptance: d as registered agent and to accept service application, I hereby accept the appointments and to accept the appointments and to accept the appointments and the service application of the service application.	Florida 33702 (Zip code) of process for the above stated corporation at the place at as registered agent and agrees to a state of the place and agree and agree to a state of the place and agree agree and agree agree agree and agree agre
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Name: Office Address: Registered agentaving been name lesignated in this activities agree to con-	7901 4TH ST. N STE 300 ST PETERSBURG (City) nt's acceptance: d as registered agent and to accept service	Florida 33702 (Zip code) of process for the above stated corporation at the place at as registered agent and agree to process.
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Name: Office Address: Registered agentaving been name designated in this aurther agree to contain I am familiar second I am familiar s	7901 4TH ST. N STE 300 ST PETERSBURG (City) Int's acceptance: If as registered agent and to accept service application, I hereby accept the appointment of all statutes relativith and accept the obligations of my positivith and accept the obligations of my positivity. (Registered agent's signal.)	The state of the above stated corporation at the place at the proper and complete performance of my duties ion as registered agent.
Name: Office Address: Registered agentaving been name esignated in this author agree to condition of the familiar with the condition of the c	Titicate of a sixture and to accept service agent and accept the appointment of the provisions of all statutes relatively accept the appointment of the provisions of all statutes relatively accept the obligations of my positive and accept the obligations of my positive and accept the obligations of my positive accept the obligations of accept service accept the obligations of my positive accept the accept the obligations of my positive accept the accept the obligations of my positive accept the	Florida (Zip code) (Zip code) of process for the above stated corporation at the place at as registered agent and agree to act in this capacity. In this to the proper and complete performance of my duties ion as registered agent.
Name: Office Address: Registered ager laving been name esignated in this a urther agree to con nd I am familiar w	Titicate of a sixture and to accept service agent and accept the appointment of the provisions of all statutes relatively accept the appointment of the provisions of all statutes relatively accept the obligations of my positive and accept the obligations of my positive and accept the obligations of my positive accept the obligations of accept service accept the obligations of my positive accept the accept the obligations of my positive accept the accept the obligations of my positive accept the	Florida (Zip code) (Zip code) of process for the above stated corporation at the place at as registered agent and agree to act in this capacity. It is to the proper and complete performance of my duties ion as registered agent.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	Villanova, PA 19085	Director		
President		□President		
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman □Vice Chairman □Director	Gordon Bell Name: 1200 Stackhouse Mill Road Address: Newtown Square, PA 19073	□Chairman □Vice Chairman □Director	Address:	
□President		□President		
■ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
□ Other	Other	Other		Other
	Newtown Square, PA 19073	□ Vice Chairman □ Director □ President □ Vice President	Address:	
Secretary	Treasurer .	Secretary		□Treasurer
Other	Other	Other		Other
individuals may be 12 The officer or direc	Jse an attachment to report more than six (6). The added to the index when filing your Florida Deparation Signature of Director signing this document (and who is listed in number information submitted in a document to the De	rtment of State Annual Rep tor or Officer mber 11 above) affirms tha	oort form.	ted herein are true and that he or

s.817.155, F.S. Gordon Bell Vice President

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: TDN MONEY SYSTEMS, INC.

Request Type: Subsistence Certificate Issuance Date: October 07, 2024 Request No.:

044030823 File No.: 0002760635

Receipt No.: 001247325

Filing Type: **Domestic Business Corporation**

Filing Subtype: **Business**

Initial Filing Date: June 16, 1997

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

TDN MONEY SYSTEMS, 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

Men Selm

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

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	TDN MONEY SYSTEM	AS, INC.,				
SOBJECT.	Na	ime of corporati	on - must	include suffix	<u>,</u>	
Dear Sir or M	ladam:					
"Certificate of	"Application by Foreig f Existence," or "Certifi iced foreign corporation	cate of Good St	tanding" a	nd check are sub		-
Please return	all correspondence cond	cerning this mat	ter to the	following:		
GORDON BE	LL					
		Name	of Person			
TDN MONEY	SYSTEMS, INC.,					
		Firm/Co	ompany			
200 RACOOS	IN DRIVE #107				B	
ASTON, PA 1	9014	Ado	dress		2024 OCT	-
		City/State	and Zip	ode	000	<u> </u>
GBELL@TDN	MONEY.COM	·	·		<u> </u>	f-
	E-mail add	lress: (to be use	d for futur	e annual report n	notification)	TH
For further inf	formation concerning th	is matter, please	e call:		2: 36 2: 36	10 40
GORDON BEI	LL	610 at (721	-6339		
Namo	e of Person	Arca Co	ode	Daytime Telepl	hone Number	
Regist Divisi The C 2415 I	EET/COURIER ADDR tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
	•	A DEPARTMEN	□ \$78.75	ATE 5 Filing Fee & ied Copy	\$87.50 Filing I Certificate of S Certified Copy	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.

	SYSTEMS INC., corporation; must include "INCORPORATED lorp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
TDN		
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
PENNSYLVA		23-2911431
(State or count	3. ry under the law of which it is incorporated) 5.	(FEI number, if applicable)
(Dat	c of incorporation) 5.	(Date of duration, if other than perpetual)
	new owners of the company, but to the best of	
	(Principal off	ice <u>street</u> address)
	(Current mailin	ng address, if different)
Name and stre	et address of Florida registered agent: (P.C	,
Name and stre		,
Name:	et address of Florida registered agent: (P.C	,
	et address of Florida registered agent: (P.C. REGISTERED AGENTS INC. 7901 4TH ST. N STE 300	• •

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.

(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.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director	Villanova, PA 19085	Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary □		□Treasurer
□Other	[DOther	Other		□Other
□Chairman	Gordon Bell Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director	Newtown Square, PA 19073	Director		
□President		□President		
■Vice President		□Vice President		
□Secretary	☐ Treasurer	☐Secretary		☐Treasurer
Other	Other	□Other		Other
☐Chairman ☐Vice Chairman ☐Director	Name:	□Chairman □Vice Chairman □Director	Address:	
President		□President		
		□Vice President		
☐Sccretary	Treasurer .	☐ Secretary		☐ Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct tor signing this document (and who is listed in nur	or or Officer	part form.	

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 o 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.

Gordon Bell Vice President

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: TDN MONEY SYSTEMS, INC.

Request Type: Subsistence Certificate Issuance Date: October 07, 2024

Receipt No.: 001247325

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: June 16, 1997

Status: Active

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TDN MONEY SYSTEMS, INC.

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

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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

Man Schon

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