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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJI	FCT.	TR Consulting, Inc.			
3000	LÇ	Name o	f corporation -	must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Stand	ing" and check are subr	
Please	return :	all correspondence concernir	ng this matter t	o the following:	
Ebony 1	Kuttig				
			Name of P	erson	
			Firm/Comp		
7794 PI	lantatio	n Circle	rimi/Comp	any	
			Addres	<u> </u>	
Braden	ton, FL	34201	. ruur ve		
			City/State and	d Zip code	
ckuttig	1986@ <u>ş</u>	ahoo.com	•	,	
		E-mail address	(to be used fo	r future annual report n	otification)
For fur	ther in	formation concerning this ma	atter, please ca	11:	
Ebony	Kuttig		941 at (402-9801	
*	Nam	e of Person	Area Code) 402-9801 Daytime Teleph	ione Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	S:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	DDRESS: ection erporations
Please t	make ch	check for the following amo eck payable to: FLORIDA DE ing Fee \$78.75 Filing Certificate o	PARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig	TR Consulting.	Inc. (CO)		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7794 Plantation Circle, Bradenton, FL 34201 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig	(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	siness in Florida)
(Date of incorporation) (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) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig Principal office Principal of	Colorado	3		
(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) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig	(State or country	y under the law of which it is incorporated)	(FEI number, if applica	ble)
(Current mailing address. if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig 7794 Plantation Circle Florida registered agent Florida				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig	(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) 7794 Plantation Circle, Bradenton, FL 34201 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig 7794 Plantation Circle Bradenton Florida (City) Registered agent's acceptance:	11/05/2024			
(Current mailing address. if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig 7794 Plantation Circle Bradenton (City) Registered agent's acceptance:				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig	7794 Plantation C	ircle, Bradenton, FL 34201		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig Try Plantation Circle Ebony Florida Try Try Plantation Circle Try Tr				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ebony Kuttig Control Florida Fl		(Principal offic	e <u>street</u> address)	
Bradenton Florida 34201 Elementary Florida City City City City Ci		(Principal offic	e <u>street</u> address)	
Bradenton Florida 34201		·		
Bradenton Florida 34201		·		
Bradenton Florida 34201	Name and street	(Current mailing	address, if different)	
Bradenton Florida 34201		(Current mailing	address, if different)	2024 KI
(City) (Zip code) :: Registered agent's acceptance:		(Current mailing to address of Florida registered agent: (P.O.) Ebony Kuttig	address, if different)	7024 H202
(City) (Zip code) Registered agent's acceptance:	Name:	(Current mailing to address of Florida registered agent: (P.O.) Ebony Kuttig	address, if different)	11 AON 4707
Registered agent's acceptance:	Name:	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle	address, if different) Box NOT acceptable)	
	Name:	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle Bradenton	address, if different) Box NOT acceptable) , Florida 34201	Ã:
	Name: ffice Address:	(Current mailing et address of Florida registered agent: (P.O Ebony Kuttig 7794 Plantation Circle Bradenton (City)	address, if different) Box NOT acceptable) , Florida 34201	Ã:
	Name: ffice Address: Registered age aving been nam	(Current mailing et address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle Bradenton (City) ent's acceptance: ed as registered agent and to accept service.	address, if different) Box NOT acceptable) , Florida 34201 (Zip code) e of process for the above stated cor	Fii L: L6 poration at the pla
signatea in this application, 1 nereby accept the appointment as registered agent and agree to act in this capacit of the correct to comply with the provisions of all statutes relative to the proper and complete performance of my o	Name: Fice Address: Registered ago aving been nam signated in this	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 1794 Plantation Circle 1794 Plantation Circle 1794 Plantation Circle 1795 Projection (City) 1795 Projection (City) 1795 Projection (City) 1795 Projection (City) 1795 Projection (Projection (City) 1795 Projection (City) 179	address, if different) Box NOT acceptable) , Florida 34201, Florida (Zip code) e of process for the above stated corent as registered agent and agree to	Find the planer of the planer
rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my of	Name: Mame: Registered age aving been namesignated in this rther agree to c	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle Bradenton (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re	Box NOT acceptable) , Florida 34201, Florida (Zip code) e of process for the above stated corent as registered agent and agree to lative to the proper and complete pe	Find the planer of the planer
esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacit orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Name: ffice Address: Registered age faving been names ignated in this orther agree to c	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle Bradenton (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re	Box NOT acceptable) , Florida 34201, Florida (Zip code) e of process for the above stated corent as registered agent and agree to lative to the proper and complete pe	Find the planer of the planer
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rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my o	Name: ffice Address: Registered age faving been names ignated in this orther agree to c	(Current mailing to address of Florida registered agent: (P.O. Ebony Kuttig 7794 Plantation Circle Bradenton (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re	Box NOT acceptable) , Florida 34201, Florida (Zip code) e of process for the above stated corent as registered agent and agree to lative to the proper and complete pe	Find the planer of the planer

11. For initial indexino nurroses. list names, titles and addresses of the primary officers and/or directors fun to six (6) totall-

under the law of which it is incorporated.

A. DIRECTORS **Ebony Kuttig Ebony Kuttig** Name: □Chairman Name: □Chairman 7794 Plantation Circle 7794 Plantation Circle Address: Address: □ Vice Chairman □ Vice Chairman Bradenton, FL 34201 Bradenton, FL 34201 □Director □Director □President ■President □ Vice President □Vice President □Treasurer ☐Treasurer □ Secretary Secretary □Other _____ □Other ____ □Other _____ ☐Other _____ **Ebony Kuttig** □Chairman Name: □Chairman Name: 7794 Plantation Circle □ Vice Chairman Address: □ Vice Chairman Address: Bradenton, FL 34201 □ Director □ Director □President □President □Vice President ■ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □ Other _____ □Other _____ □Other ______ □Other _____ □Chairman □Chairman Name: 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 to the index when filing your Florida Degartment 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. Ebony Kuttig

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.

TR CONSULTING INC

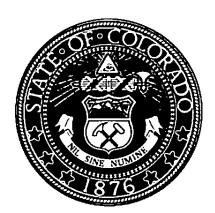
is a

Corporation

formed or registered on 08/28/2013 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 20131500360.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/28/2024 that have been posted, and by documents delivered to this office electronically through 10/30/2024 @ 22:57:09.

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 10/30/2024 @ 22:57:09 in accordance with applicable law. This certificate is assigned Confirmation Number 16522404



Secretary of State of the State of Colorado

**************End of Certificate******

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.coloradovov.gov/biz/CertificateSecretar/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.coloradovov.gov/click/Businesses, trademarks, trade names/and select/Frequently Asked Questions."