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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1-5H; RTS & TROPHICE	5. TNC
Name of corporation - mo	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the
Please return all correspondence concerning this matter to the	he following:
JANICE SMITH	
Name of Pers	on
Firm/Company	y
Firm/Company 141957, TIENGER AVE Address Address City/State and Z T SH; RIS TI ROPHYS @ QO E-mail address: (to be used for fi	
Address	
TORT CHARIOTTE The 3.	39 <i>5</i> 3
City/State and Z	ip code
T SHIRTS TIROPHYS @ QO	1. Com
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning this matter, please call:	
JANICE SMITH TOO	280-8998
Name of Person Area Code Area Code	Daytime Telephone Number
Name of Person Area Code	Dayume retemble Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
The Centre of Tallahassee	P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEPARTMENT OF ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$7	STATE 8.75 Filing Fee & S87.50 Filing Fee.
	ertified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	REIGN CORPORATION TO TRANSACT BE T SH: RTS & TROPH: C.	JSINESS IN THE STATE OF FLOR	
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION."	
(If name unavails	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting bu	isiness in Florida)
	y under the law of which it is incorporated)	7:10#58693421 -	36.415571
			able)
	1-29-1996 5. of incorporation)		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
141	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 95 PEITEN GER AVE, TO (Principal office)	Florida, if prior to registration) 2. F.S., to determine penalty liability) RT CHARIOTIE, 76, 33 2 street address)	953
	•	AME	
	(Current mailing	address, if different)	
Name and <u>stree</u> Name: ffice Address:	TAXICE SHITH 14195 TETTENGER AVE PORT CHARIETTE 4. 3395 3 (City)	Box <u>NOT</u> acceptable)	2024 NDV 25
	PORT CHARIOTTE 72 33953	P. Florida 33953	E1 tz 1;3
	(Chy)	(Σην τους)	941:
aving been nam signated in this rther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree to ative to the proper and complete po	rporation at the plac act in this capacity.
(Janier Smith (Registered agent's sig	nature)	_

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

under the law of which it is incorporated.

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

A: DIRECTORS			
□Chairman	Name: ANICE SM+H	□Chairman	
□Vice Chairman	Address: 14195 PEILENGER	AV& I Vice Chairman	Address:
/	TOKT CHARIOTIC	□Director	
President	76RIDA	□President	
□Vice President	33953	□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	□ Other	□Other
☑Director □President	Name: Brenda Farmer Address: 14195 PiHerger Ave Port Charlotte, FL 3395		Name:Address:
□Other	Other	□Other	□Other
□Chairman □Vice Chairman □Director □President	Name:Address:	□Chairman □Vice Chairman □Director □President	
□Chairman □Vice Chairman □Director □President □Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:Address:
□Chairman □Vice Chairman □Director □President	Name:Address:	□Chairman □Vice Chairman □Director □President	Name:Address:
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice: Individuals may be 12 The officer or directors	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other the attachment will be image partment of State Annual Resector or Officer mumber 11 above) affirms the Department of State constitu	Name:Address:

File Number

5869-342-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

T-SHIRTS & TROPHIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of NOVEMBER A.D. 2024

Authentication #: 2432403250 verifiable until 11/19/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE