# M18000005356

-	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT	MAIL			
· .	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions CET WS-	to Filing Officer: 48540				
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2018

FORREST MILKOWSKI 1625 CHESAPEAKE AVE UNIT 204 NAPLES, FL 34102

SUBJECT: TCDS INTERNATIONAL, LLC

Ref. Number: W18000048540

We have received your document for TCDS INTERNATIONAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 918A00010583

GD

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### COVER LETTER

Registration Section
Division of Corporations

TO:

TI SUBJECT:	DS International, L	LC						
Name of Limited Liability Company								
The enclosed ". Existence, and	Application by Fore check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza meed foreign limit	tion to Tranced liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.		
Please return al	l correspondence c	oncerning this matter to the	following:					
	Forrest Milkows	ki						
	Name of Person							
	TDS International, LLC							
	Firm/Company							
	1625 Chesapeake Ave. Unit 204							
			Address					
	Naples, FL 34102							
	•	City/S	tate and Zip Code					
	Info@EZPayNow							
		E-mail address: (to be used	for future annual	report noti	fication)			
For further info	ermation concerning	g this matter, please call:						
Forres	t Milkowski		954 at (	239-992: _)				
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number			
Divisi Regis P.O. I	ING ADDRESS: on of Corporations tration Section Box 6327 hassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle se, FL 32301			
	heck for the follow 25.00 Filing Fee	ing amount:  \$\Bigsigma\text{ S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop			

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	WINES WITH STATE OF FROMES.			
1. TCDS INTERNATION	AL, LLC Limited Liability Company; must include "Limited Lia	hility Company," "L.L.C.," or "LL.C.")		
TORS INCERNIATIONAL				
ICDS INTERNATIONAL	une adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Liabi	hty Company," "L.1.C," or "L1.C.")	
	mir temples on the partition of the	3 82-5406950		
2 WYOMING    Unrisdiction under the law of which foreign lumited liability company is organized)		(FEI number	r, if applicable)	
(Am resultant and				
4. 05/05/2018	About an Charles of serve to recret	ration )	<del></del>	
	(Date first transacted husiness in Florida, if prior to regist (See sections 605 0904 & 605,0905, F.S. to determine per			
5 1611 E. 2nd Street		6. 1625 Chesapeake Ave.		
(Street Address of Principal Office)		Unit 204	aa)	
Casper WY 82601				
		Naples, FL 34102		
7 Name and street address	ss of Florida registered agent: (P.O. Box No. 1848)	OT acceptable)		
Name:	Forrest Milkowski		2 <b>8</b>	
	1625 Chesapeake Ave Unit 204		2018 JUN - Scuriciae Allahas	
Office Address:		2410216	JUN -4	
	Naples (City)	, Florida 3410216 (Zip code	SSS 1	
to comply with the provis	egistered agent and to accept service of pro- ution. I hereby accept the appointment as re- ions of all statutes relative to the proper an as of my position as registered agent.	a complete performance of my	mines, unacum jumna sum	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has/t <u>Name and Address:</u>	nave authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:	
President/CEO	Brian Woods	Director	Forrest Milkowski	
Fiesidenoelo	820 Orange Hill, Rockley Gulf Worthington, Ontario BB15134		Naples, FL 34102	
(Use attachments if nece				
jurisdiction under the law of the translator must be:		is in a foreign language, a dancia	••••	
10. This document is exe submitted in a document	cuted in accordance with section 605,0203 (to the Department of State constitutes a third	I) (b), Florida Statutes, I am awa I degree felony as provided for in	s.817.155, F.S.	
	Summire of	an authorized person		
	J. J	. ,		
,	Forrest Milkowski			

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### TCDS International, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 2, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000801664**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of May, 2018 at 9:38 AM. This certificate is assigned 026425829.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.