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COVER LETTER

-	stration Section ion of Corporations			
SUBJECT:	Enterprise Tax Solutions, Inc			
SOBSET.	Name (of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stand	ing" and check are submi	
Please return	all correspondence concerni	ng this matter t	o the following:	
Tina McCorm	iek			
		Name of P	erson	
Enterprise Tax	Solutions, Inc.			
	······································	Firm/Comp	pany	
2193 Northwa	y Drive, Building B			
		Addres	5S	······································
Mount Pleasar	nt, Michigan 48858			
		City/State an	d Zip code	
ap@etaxsoluti	ons.com			
	E-mail address	e: (to be used fo	or future annual report not	ification)
For further in	formation concerning this m	natter, please ca	M:	
Tina McCorm	iek	815	258-0818	
Nam	e of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amo acck payable to: FLORIDA D ing Fee	EPARTMENT of the second		\$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.

Enterprise Tax S	iolutions of Florida. Inc.		_
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Michigan	3.	36-4276177	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
October 13, 200	5.	(Date of duration, if other than perpetual)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	
June 3, 2024			_
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2104 Grantham C	freens Drive, Sun City Center, Florida 33573		
	(Principal offi	ice <u>street</u> address)	-
2193 Northway I	Drive, Building B, Mount Pleasant, Michigan 4	88858	
	(Current mailir	ng address, if different)	
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name and stree	et address of Florida registered agent: (P.C. Tina McCormick	D. Box NOT acceptable)	2
Name:		D. Box NOT acceptable))
Name:	Tina McCormick 2104 Grantham Greens Drive) : : :
Name:	Tina McCormick 2104 Grantham Greens Drive		
Name: ffice Address:	Tina McCormick 2104 Grantham Greens Drive Sun City Center (City)		
Name: ffice Address: Registered ago laving been namesignated in this	Tina McCormick 2104 Grantham Greens Drive Sun City Center (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints		ple icii

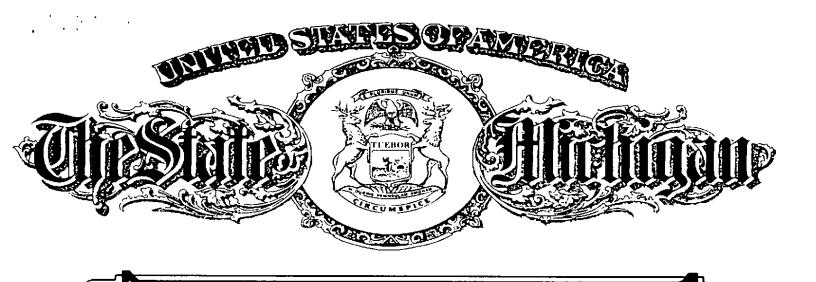
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A: DIRECTORS Tina McCormick Name: Chairman □ Chainnan 2104 Grantham Greens Drive Address: ____ □ Vice Chairman ☐ Vice Chairman Address: Sun City Center, Florida 33573 □ Director □Director □ President President ■ Vice President □ Vice President Treasurer □ Secretary ☐Treasurer ■ Secretary □Other Other □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: Director □ Director □President □President □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary Other ____ Other □Other _____ □ Other _____ □ Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director Director □ President ☐ President □Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □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 Department 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

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.

Tina McCormick, President / Owner



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ENTERPRISE TAX SOLUTIONS, INC.

was validly incorporated on October 13, 2008 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of May, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 24050542909