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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	FCT: Target Training Internation	ial.LTD Inc.			
	Nam	e of corporation -	must include suffix		•
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign (ficate of Existence," or "Certifica referenced foreign corporation to	ite of Good Stand	ing" and check are sub		
Please	return all correspondence concer	rning this matter t	o the following:		
Shenea	al Simmons				
		Name of P	erson		
United	Agent Services				
_		Firm/Comp	any		
221 N	Broad St				
		Addres	S		
Middle	town, DE 19709				
		City/State an	d Zip code		20
compli	ance@unitedagentservices.com	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2021
	t-mail addre	ess: (to be used to	r future annual report r	ionneation)	-
For fu	ther information concerning this	matter, please ca	H:		61.
Shenea	Sheneal Simmons at (302) 894-7717			- H. H.	
	Name of Person	Area Code	Daytime Telep	hone Number	- 1.
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	sed is a check for the following at make check payable to: FLORIDA 0.00 Filing Fee	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of 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.

l	TARGET TRAINING INTERNATIONAL LTD, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
	corporation; must include "INCORPORATED," [Corp," "Inc," "Co," or "Corp.")	"COMPANY, "CORPORATION,"				
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida	1)			
2. Iowa	3		_			
(State or count		(FEI number, if applicable)				
4	5. <u> </u>	Perpetual				
(Dat	e of incorporation)	(Date of duration, if other than perpetual)				
6						
	(Date first transacted business in f (SEE SECTIONS 607.1501 & 607.150					
7. 17785 N Pacese	tter Way, Scottsdale, AZ 85255					
	(Principal office	s <u>street</u> address)				
	(Current mailing	address, if different)				
0 - X1	or address of Clasida assistant advanta (D.O.	Day NOT was stable)	11			
8. Name and stre	ret address of Florida registered agent: (P.O.	Box NOT acceptable)	121.			
Name:	United Agent Services LLC	<u> </u>				
Office Address:	9100 Conroy Windermere Rd #200-UAS					
	Windermere	, Florida				
	(City)	(Zip code)				
9 Ragistored as	gent's acceptance:		 			
Having been nai	ned as registered agent and to accept service	of process for the above stated corporation at th				
		nt as registered agent and agree to act in this cap ative to the proper and complete performance of				
	r with and accept the obligations of my positi		nih aancs			
يسر .ــ.						
	(Registered agent's sign	iaime)				

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	Address: 17785 N Pacesetter Way				
■ Director	Scottsdale, AZ 85255	■Director	Scottsdale, AZ 85255				
■ President		□President					
□Vice President		□ Vice President					
☐ Secretary	■ Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	Othet				
□Chairman	Name: Rick Bowers 17785 N Pacesetter Way	□Chairman	Name: 17785 N Pagesetter Way				
□Vice Chairman	Address:	□Vice Chairman	Address: 17785 N Pacesetter Way				
Director	Scottsdale, AZ 85255	Director	Scottsdale, AZ 85255				
□President		□President					
■ Vice President		□Vice Presidem					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other					
☐Chairman	Name: 17785 N Pacesetter Way	□Chairman	Name:Address:				
■ Director	Scottsdale, AZ 85255	Director	~>				
□President		□President	73 1-				
□Vice President		□Vice President	<u> </u>				
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.							
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.							

13. David Bonnstetter , President

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 12/3/2020

Name: TARGET TRAINING INTERNATIONAL, LTD (490 DP - 39847)

Date of Incorporation: 1/13/1982

Duration: PERPETUAL

- I, Paul D. Pate. Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of lowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - e. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS208403

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State