





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2018

CSC  
7348 GEORGIA AVE., NW  
WASHINGTON, DC 20012

SUBJECT: TCG-FLA, INC.  
Ref. Number: W18000080914

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for TCG-FLA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00018781

18 SEP 11 PM 4: 21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 371525 8091591

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 31, 2018

ORDER TIME : 8:45 AM

ORDER NO. : 371525-005

CUSTOMER NO: 8091591

FOREIGN FILINGS

NAME: TCG, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
TCG, Inc.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Debbie Buchanan

TCG, Inc.	Name of Person
7348 Georgia Ave., NW	Firm/Company
Washington, DC 20012	Address
debbie.buchanan@tcg.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Debbie Buchanan	202	742-8467	
Name of Person	Area Code	Daytime Telephone Number	

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate 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.

TCG, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

TCG-FLA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. \_\_\_\_\_ 3. \_\_\_\_\_  
Maryland 52-220-8363  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
3-10-98 N/A  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
7348 Georgia Ave., NW, Washington, DC 20012

7. \_\_\_\_\_  
(Principal office address)  
Same as above  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

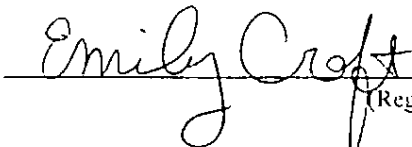
Tallahassee Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

Emily Croft



Asst. Vice President

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A  
Address: N/A  
N/A

Vice Chairman: N/A  
Address: N/A  
N/A

Director: Daniel Turner  
Address: 7348 Georgia Ave., NW  
Washington, DC 20012

Director: N/A  
Address: N/A  
N/A

**B. OFFICERS**

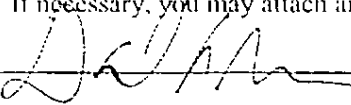
President: Daniel Turner  
Address: 7348 Georgia Ave., NW  
Washington, DC 20012

Vice President: David Cassidy  
Address: 7348 Georgia Ave., NW  
Washington, DC 20012

Secretary: Daniel Turner  
Address: 7348 Georgia Ave., NW, Washington, DC 20012

Treasurer: Daniel Turner  
Address: 7348 Georgia Ave., NW, Washington, DC 20012

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Daniel Turner, President  
(Typed or printed name and capacity of person signing application)

# Signature Certificate

Document Reference: VP5CCPIHAKLPRIW8U7LBTFF

# RightSignature

Easy Online Document Signing



Debbie Buchanan  
Party ID: HW8L8AIEL44F7M2EA289NU  
IP Address: 173.79.208.82  
**VERIFIED EMAIL:** debbie.buchanan@tcg.com

*debbie.buchanan*

Multi-Factor  
Digital Fingerprint Checksum

f414927a24ffdd991e040045484ffd61cac116a0



## Timestamp

2018-08-31 06:11:25 -0700

2018-08-31 06:11:25 -0700

2018-08-30 09:28:19 -0700

2018-08-30 09:28:19 -0700

## Audit

All parties have signed document. Signed copies sent to: Debbie Buchanan and Debbie Buchanan.

Document signed by Debbie Buchanan (debbie.buchanan@tcg.com) with drawn signature. - 173.79.208.82

Document viewed by Debbie Buchanan (debbie.buchanan@tcg.com) - 173.79.208.82

Document created by Debbie Buchanan (debbie.buchanan@tcg.com). - 173.79.208.82



This signature page provides a record of the online

# Signature Certificate

Document Reference: 4TVAMZIFWJLE8D6K4VX8I2

## RightSignature

Easy Online Document Signing



Daniel Turner

Party ID: E8B4III2SK4YPV37LCF7RD

IP Address: 24.89.8.18

VERIFIED EMAIL: daniel.turner@tcg.com

Multi-Factor  
Digital Fingerprint Checksum

7f9f8d9f8bf8eaf8493b7f757e23ce3a7adf44fc



### Timestamp

2018-08-31 08:44:46 -0700

2018-08-31 08:44:45 -0700

2018-08-31 08:40:06 -0700

2018-08-31 06:18:19 -0700

### Audit

All parties have signed document. Signed copies sent to: Daniel Turner and Debbie Buchanan.

Document signed by Daniel Turner (daniel.turner@tcg.com) with drawn signature. - 24.89.8.18

Document viewed by Daniel Turner (daniel.turner@tcg.com) - 24.89.8.18

Document created by Debbie Buchanan (debbie.buchanan@tcg.com). - 173.79.208.82



This signature page provides a record of the online activity executing this contract.



**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TCG, INC. (D04933925), INCORPORATED MARCH 10, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 31, 2018.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

Online Certificate Authentication Code: 0ubTAnF-zE6aS1FTzDs1LA  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>