

PI30000069576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

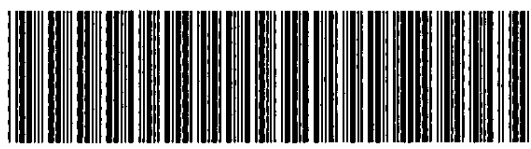
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000248597610

06/14/13--01021--002 **122.50

FILED
13 AUG 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-34932 UMD 8/23

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SECOND CHANCES TCM INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SHANQUAL GUNN

Name (Printed or typed)

523 WEKIVA COMMONS CIR. #4

Address

APOPKA, FL 32712

City, State & Zip

(321)460-3731

Daytime Telephone number

SHANQUALGUNN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2013

SHANQUAL MARSHALL-GUNN
523 WEKIVA COMMONS CIR., #4
APOPKA, FL 32712

SUBJECT: SECOND CHANCES TCM INC.
Ref. Number: W13000034932

We have received your document for SECOND CHANCES TCM INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

You may file "Articles of Dissolutions" to dissolve the Non-Profit entity, then file new "Profit Articles" of Incorporation.

You must also include a "Notarized" affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to the new entity.

We are enclosing the proper form(s) with instructions for your convenience.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00015169

SHANQUAL MARSHALL-GUNN

532 WEKIVA COMMONS CIR. #4

APOPKA, FL. 32712

SUBJECT: SECOND CHANCES TCM INC.

REF. # w13000034932

FILED
13 AUG 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have no intention of revoking the dissolution, and therefore release the name of the entity.

Signed by President



Mrs. Shanqual Gunn

Jessica DuPont 8/19/13

Signature of Notary Public

Name of Notary Public Jessica DuPont

SEAL

Notary Public, State of Florida

My commission expires: 8/12/2014



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SECOND CHANCES TCM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

523 WEKIVA COMMONS CIR. #4

APOPKA, FL. 32712

FILED
13 AUG 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SHANQUAL GUNN** Name and Title: _____

Address **523 WEKIVA COMMONS CIR.** Address: _____

SUITE #4

APOPKA, FL. 32712

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SHANQUAL GUNN
 Address: 523 WEKIVA COMMONS CIR. #4
APOPKA, FL. 32712

FILED
 13 AUG 19 PM 1:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHANQUAL GUNN
 Address: 523 WEKIVA COMMONS CIR. #4
APOPKA, FL. 32712

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Shanqual Marshall-Gunn
 Required Signature/Registered Agent

07/30/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Shanqual Marshall-Gunn
 Required Signature/Incorporator

07/30/2013

Date



Jessica Dupont 8/9/13