

P22000030392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

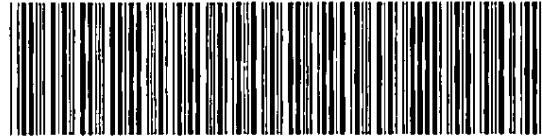
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 APR 22 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4-22-22

****WALK IN****

ENTITY NAME TCP Parent, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

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

FROM: Norris McLaughlin, P.A.; Connie L. Cecala, Paralegal

Name (Printed or typed)

515 W. Hamilton Street, Suite 502

Address

Allentown, PA 18101

City, State & Zip

484-765-2228

Daytime Telephone number

ccecala@norris-law.com

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

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

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: TCP Parent, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>7750 Okeechobee Blvd.</u> <u>Suite #4-765</u> <u>West Palm Beach, FL 33411</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a holding company for subsidiary investments.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares common stock;
\$1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Damon Decresenzo, CEO/Director</u> Address: <u>7750 Okeechobee Blvd.</u> <u>Suite #4-765</u> <u>West Palm Beach, FL 33411</u>	Name and Title: <u>Jason Kaplan, President/Director</u> Address: <u>7750 Okeechobee Blvd.</u> <u>Suite #4-765</u> <u>West Palm Beach, FL 33411</u>
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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: United Corporate Services, Inc.
 Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Diane M. Damiano
 Address: 100 State Street, Suite 800
Albany, NY 12207

SECRETARY OF STATE
 FALLAHASSEE, FLORIDA
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 -L-D

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 22, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Michael A. Barr, President 4-21-22
 _____ Date
 Required Signature/Registered Agent

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.

/s/ Diane M. Damiano 04/21/22
 _____ Date
 Required Signature/Incorporator

SECRETARY OF STATE
 FALLAHASSEE, FLORIDA
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 FILE