

F17000001031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ P.

☐ WAIT

☐ MAIL

ss Entity Name)

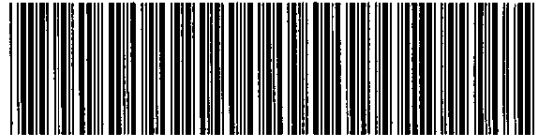
Number)

Certified Copies _____ Certificates of Status _____

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2017 MAR -3 P 2:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

JANE M. SCOTT
14170 CLUBHOUSE RD
GAINESVILLE, FL 20155

SUBJECT: TCIPS, INC
Ref. Number: W17000015701

We have received your document for TCIPS, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L10000058914 T.C.I.P. LLC.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00003485

INFOCORP., INC.
14170 CLUBHOUSE ROAD
GAINESVILLE, VA 20155
(703) 869-0090
Infocorpcom02@gmail.com

February 28, 2017

VIA U.S. POSTAL SERVICE

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

Re: Application for Certificate of Authority – TCIPS, Inc.

Dear Sir or Madam:

Enclosed please find the amended Certificate of Authority application being re-submitted for and on behalf of **TCIPS, Inc.**

Please date stamp and return one copy of this transmittal in the self-addressed and postage paid envelope provided for this purpose.

Please direct all inquiries or correspondence related to this matter to the attention of the undersigned. Thank you.

Sincerely,


Jane M. Scott

INFOCORP., INC.
14170 CLUBHOUSE ROAD
GAINESVILLE, VA 20155
(703) 869-0090
Infocorpcom02@gmail.com

February 16, 2017

VIA U.S. POSTAL SERVICE

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

Re: Application for Certificate of Authority – TCIPS, Inc.

Dear Sir or Madam:

Enclosed please find a completed Certificate of Authority application being submitted, in duplicate, for and on behalf of **TCIPS, Inc.** Also enclosed is a check in the amount of \$70.00 payable to the Florida Secretary of State to cover the fee associated with this filing, and a Certificate of Existence issued by the State of Delaware, the applicant's state of domicile.

Please date stamp and return one copy of this transmittal in the self-addressed and postage paid envelope provided for this purpose.

Please direct all inquiries or correspondence related to this matter to the attention of the undersigned. Thank you.

Sincerely,

Jane M. Scott

COVER LETTER

TO: Registration Section
Division of Corporations
TCIPS, 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:
JANE M. SCOTT

Name of Person
INFOCORP., INC.

Firm/Company
14170 CLUBHOUSE RD.

Address
GAINESVILLE, VA 20155

City/State and Zip code
infocorpcom02@gmail.com

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

For further information concerning this matter, please call:

JANE M. SCOTT 703 869-0090

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 & 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.*

TCIPS, INC.

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

Tell Com Internet & Phone Service Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 81-4571910

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/30/2015 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
WILL COMMENCE UPON CERTIFICATION

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
655 WATERBROOK TERRACE, ROSWELL, GA 30076

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

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

CORPORATION SERVICE COMPANY

Name:

1201 HAYS STREET

Office Address:

TALLAHASSEE

32301

(City)

(Zip code)

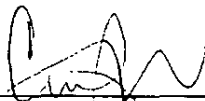
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -3 P 2:44

FILED

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.



(Registered agent's signature)

Courtney Williams
Asst. Vice President

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

STEPHANIE HOLLOWAY

Chairman:

655 WATERBROOK TERRACE

Address:

ROSWELL, GA 30076

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

STEPHANIE HOLLOWAY

President:

655 WATERBROOK TERRACE

Address:

ROSWELL, GA 30076

Vice President:

Address:

Secretary:

STEPHANIE HOLLOWAY

655 WATERBROOK TERRACE, ROSWELL, GA 30076

Address:

STEPHANIE HOLLOWAY

Treasurer:

655 WATERBROOK TERRACE, ROSWELL, GA 30076

Address:

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

12. Stephanie Holloway

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.

STEPHANIE HOLLOWAY, PRESIDENT

13.

(Typed or printed name and capacity of person signing application)

FILED
2011 MAR -3 P 2:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TCIPS, INC" IS DULY INCORPORATED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2017.



5738476 8300

SR# 20170683299

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202014276

Date: 02-09-17