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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2017

MICHAEL MCDONALD 19301 WINMEADE DR, SUITE 212 LEESBURG, VA 20176

SUBJECT: TUCS LLC

Ref. Number: W17000100028

We have received your document for TUCS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000222892 TUC 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: 117A00025661

www.sunbiz.org

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COVER LETTER

		ration Section on of Corporatio	ns					
SUBJEC		JCS LLC				i		
		- · · -	Name of	Limited Liability	Company			-
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Please ret	turn all	correspondence	concerning this matter to the	e following:		,		
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				lame of Person	<u>-</u>			•
		NOVA Tax Gr	oup			1		
	Firm/Company							•
	19301 Winmeade Dr STE 212							
				Address		-		-
		Leesburg, VA	20176					
			City/s	State and Zip Code	 -		·	-
		mmcdonaid@no	vataxgroup.com			1	l I	
			E-mail address: (to be use	d for future annua	l report no	tification)		
For furthe	r infor	mation concernin	g this matter, please call:					
ì	Michae	d McDonald		703 at (218-12	.27		
_	_	Name c	Contact Person	Area Code	/Day	time Telep	phone Number	
11 R P	Division Registra 2.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRES of Corpora ion Section suilding ecutive Cen see, FL 323	tions ter Circle	
		eck for the follow .00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filia Certified Copy	ng Fee &		OO Filing Fee, Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

TUCS LLC	SINESS INTHE STATE OF FLORIDA:		
	Limited Liability Company; must include "L	omitted Liability Company," "L.L.C.," or "LIC.")	
TUCS FOOD GR	OUP_LLC		
 Virginia 	ame adopted for the purpose of transacting business	in Florida. The alternate name must meliide "Limited Liab	lity Company," "LTC," or "LTC")
·	hich foreign limited liability company is organized)	3. <u>45-2570080</u>	r. if applicable)
4.			
	(Date first transacted business in Florida, if pr (See sections 605 0804 & 605 0805, E.S. to de	or to registration) etermine penalty liability)	
5. 15334 SW 35 ST		6. 15334 SW 35 ST	
Officer Address of Davie, FL 33331	Principal Office)	Davie, FL 33331	311
		1 33331	
	······································		
7. Name and street address	ss of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	
Name;	Paola Schilman		
Office Address:	15334 SW 35 ST		
Some Address,	Davie, FL		
	Davic, Ft.	, Florida 33331 //n conte	5: :
to comply with the provisi	ons of all statutes relative to the pro of my position as regulered agent,	nt as registered agent and agree to act in oper and complete performance of my d	uties, and 1 am fámiliar with
8. The name, title or capa <u>Title or Capacity:</u>	icity and address of the person(s) who <u>Name and Address:</u>	o has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Member	Damian Dajcz 15334 SW 35 ST Davie, FL 33331		
Member	Paola Schilman		
	Davie, FL 33331		
(Use attachments if necess	sary)		
of the translator must be su 10. This document is execu	of which it is organized. (If the certiful ibmitted) attending accordance with section 605.0	old, duly authenticated by the official havicate it in a foreign language, a translation of the foreign language.	n of the certificate under oath that any false information
submitted in a document to	the Department of State constitutes :	a third degree relony as provided for in s	8 17-155. F .S.
		atize of an authorized person	<u> </u>
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Commonboealthof Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That TUCS LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 2, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 12, 2017

Peck, Clerk of the Commission

CISECOM Document Control Number: 1712126303