# M19000004813

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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### KANOUSE & WALKER, P.A.

ATTORNEYS AND COUNSELORS AT LAW ONE BOCA PLACE SUITE 324 ATRIUM, PMB #1070 2255 GLADES ROAD BOCA RATON, FLORIDA 33431

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KEITH J. KANOUSÉ, ESQ. SUSAN WALKER, ESQ.

FRANCHISE & DISTRIBUTION CORPORATE & SECURITIES REAL ESTATE

May 2, 2019

TELEPHONE (561) 451-8090 FAX (561) 451-8089

EMAIL KEITH@KANOUSE COM SWALKER@KANOUSE COM

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

Re: TCC Stores LLC, a Delaware limited liability company

Ladies/Gentlemen:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida and Certificate of Good Standing from the State of Delaware along with my client's check for \$125 in payment of the qualification fee.

If you have any questions, please contact me.

Sincerely,

Keith \ Kanouse
For the Firm

Enclosures

cc w enc: Paul Melean

#### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	TCC Stores LLC				
		Name of Limite	ed Liability (	Company	
The end Existen	closed "Application by Foreign Lin ce, and check are submitted to regi	nited Liability Company for ster the above referenced	or Authoriza foreign limi	ation to Transact Business in Florida," Certifi ted liability company to transact business in l	icate of Florida.
Please	return all correspondence concernir	ig this matter to the follow	ving:		
	Keith J. Kanouse				
		Name o	f Person		
	Kanouse & Walker, P.A	· ·			
	<del></del>	Firm/Co	ompany	_	
	2255 Glades Road, Suite 324 Atrium				
	Address				
	Boca Raton, FL 33431				
		City/State ar	nd Zip Code		
	Keith@Kanouse.com				
	E-mail	address: (to be used for f	uture annual	report notification)	
For fur	her information concerning this ma	tter, please call:			
	Keith J. Kanouse	at (	561	451-8090 x 1	
	Name of Contac		Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FI, 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the follow Please make check payable to: F1 \$\Begin{array}{c} \\$ \$125.00 \text{ Filing Fee}  \Box \\$ \$\\$		\$155.00	Filing Fee & S160.00 Filing Fee, Ce ed Copy of Status & Certified C	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite	d Liability Company," \	L. L. C.," or "LLC ")	
f name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flor	rida. The alternate name mu	st include "Limited Liability, Compar	
Delaware		83-20107:	59	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applica	bleı
February 13, 2019				
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ) ne penalty liability)	<del></del>	
801 University Drive				
(Street Address of I	Principal Office)	6	(Mailing Address)	
Plantation, FL 33324				
			-	
			<del></del>	<u> </u>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		Ha SET
Name:	Keith J. Kanouse			5 73
Office Address:	2255 Glades Road, Suite 324 Atrium			3: 20
	Boca Raton			0

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:		Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:		■ Manager	Name: Ricardo Cardenas
Member	Address:		☐ Member	Address: 801 University Drive
□Authorized			☐ Authorized	Plantation, FL 33324
Person		·	Person	
Other		Other	Other	Other
Manager	Name:		Manager	Name:
Member	Address:		Member	Address:
Authorized			Authorized	
Person			Person	- Limbertain
Other		Other	Other	Other
□Manager	Name:		Manager	Name:
Member	Address:	<del></del>	☐ Member	Address:
□Authorized			Authorized	
Person			Person	20
Other	<u>_</u>	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any 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.

Signature of an authorized person

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TCC STORES LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF APRIL, A.D. 2019.



Authentication: 202671009

Date: 04-18-19