

M200000008890

(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:

2nd Reject
W200000103638

W200000089862

Office Use Only



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07/31/20--01003--003 **160.00

10/17/20

45
10/17/20

Hi,

I am resubmitting the enclosed forms as is because the other LLC with an identical name as ~~ours~~ has been dissolved for over one year.

If you need to you can
call or email me.
ctsmith56@hotmail.com
617-938-4399

Thanks,
Chuck Smith

2011-11-17 11:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2020

CHUCK SMITH
36 TOWER ST.
SOMERVILLE, MA 02143

SUBJECT: TCR INDUSTRIES LLC
Ref. Number: W20000103638

We have received your document for TCR INDUSTRIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Yvette Scott
Document Specialist II

Letter Number: 020A00017351

RECEIVED

OCT 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCR Industries LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chuck Smith

Name of Person

TCR Industries LLC

Firm/Company

36 Tower St.

Address

Somerville, MA 02143

City/State and Zip Code

ctsmith56@hotmail.com

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

For further information concerning this matter, please call:

Chuck Smith

Name of Contact Person

at (617)

Area Code

9384399

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. TCR Industries LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. 27-1400375
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/28/20
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8300 West State Road 14 6. 36 Tower ST.
(Street Address of Principal Office) (Mailing Address)
South Whitley, IN 46787 Somerville MA, 02143

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg 33702
(City) . Florida (Zip code)

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.

Tom Glover

(Registered agent's signature)

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:
☒ Manager Name: Chuck Smith
☐ Member Address: 36 Tower St.
☐ Authorized Somerville, MA 02143
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Ty Smith
☒ Member Address: 24 Grove St.
☐ Authorized Natick, MA 01760
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Ray Smith
☒ Member Address: 8300 West State Road 14
☐ Authorized South Whitley, IN 46787
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

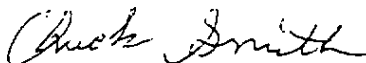
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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

Chuck Smith

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TCR INDUSTRIES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 01, 2009, and was in existence or authorized to transact business in the State of Indiana on September 02, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 02, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2009120100875 / 20201604779

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 02, 2020.