

M2100000/5494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

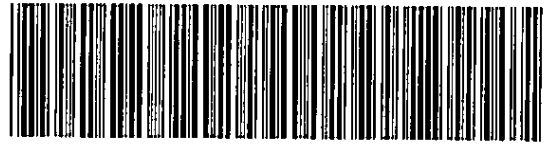
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Certified Copies _____

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21 NOV 15 AM 7:17
FBI - TAMPA

T. LEMIEUX
NOV 19 2021

November 5, 2021
TCB Properties
450 Old San Carlos Blvd.
#318
Ft. Myers Beach, FL.
33931

To whom it may concern:

I am applying to have my Pennsylvania LLC registered in the State of Florida.

If you have any questions, you can reach me at:

Ph. 814-876-0444 or
bmils011@gmail.com

Thank You,

Brian Miller
Manager
TCB Properties

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T C B PROPERTIES 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:

Brian Miller

Name of Person

T C B PROPERTIES LLC

Firm/Company

112 MILLER RD.

Address

SPRING MILLS RA. 32475

City/State and Zip Code

bmls011@gmail.com

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

For further information concerning this matter, please call:

Brian Miller

Name of Contact Person

at

(814)

Area Code

476 0444

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. TCB Properties 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. PA 3. 27-0274050
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 450 Old San Carlos Blvd. #318 6. 450 Old San Carlos Blvd. #318
(Street Address of Principal Office) (Mailing Address)

FORT MYERS BEACH
FL 33931

FORT MYERS BEACH
FL 33931

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

Name:

BRIAN MILLER

Office Address:

450 Old San Carlos Blvd. #318

FORT MYERS BEACH, Florida 33931
(City) (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.

B. Miller

(Registered agent's signature)

FILED
21 NOV 15 AM 7:17
CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

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: Brian Miller

☒ Member

Address: 1500 Old San Carlos Blvd

☐ Authorized

3161
Fort Myers Beach

Person

FL 33931

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

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.

B. M.

Signature of an authorized person

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/05/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TCB Properties, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in dark ink, appearing to read "Neil W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC211105110963-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>