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(Requestor's Name)

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(City/State/Zip/Phone #)

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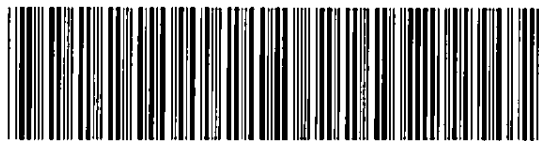
(Business Entity Name)

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MAY 06 2024

FILED
2024 MAY -6 PM 5:31
SECRETARY OF STATE
HARTFORD, CT 06103

T. LEMIEUX

JUN - 4 2024



Gregory Herman-Giddens
Attorney at Law (NC, FL, TN, NY)
gngiddens@trustcounselpa.com

May 2, 2024

FL Department of State
Division of Corporations—Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Registration of Foreign LLC – TC Agents, LLC

Dear Sir or Madam:

Enclosed please find the following information in connection with the registration of TC Agents, LLC, a North Carolina Limited Liability Company:

1. Your Cover Letter
2. Application by Foreign LLC for Authorization to Transact Business in Florida
3. Certificate of Existence for TC Agents, LLC from NC Secretary of State
4. Check in the amount of \$125.00 in payment of the Filing Fee and Designation of Registered Agent

If you have questions or if additional information is needed, please contact me at (919) 493-6351 or via email at the address below.

Thank you for your assistance with this matter.

Very truly yours,

TRUSTCOUNSEL

(Ms.) Terry W. Curro, Paralegal
twcurro@trustcounselpa.com

Enclosures

North Carolina Office
(mailing address and primary location)

1414 Raleigh Road, Suite 203
Chapel Hill, NC 27517
Phone: 919.493.6351
Fax: 919.493.6355



Florida office

1415 Panther Lane, Suite 534
Naples, FL 34109
Phone: 239.933.2097
Fax: 919.493.6355

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TC Agents, 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:

Gregory Herman-Giddens

Name of Person

TC Agents, LLC

Firm/Company

1414 Raleigh Rd., Ste. 203

Address

Chapel Hill, NC 27517

City/State and Zip Code

ghgiddens@trustcounselpa.com

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

For further information concerning this matter, please call:

Terry Curro	919	493-6351 ext. 101
_____ Name of Contact Person	at (_____) Area Code	_____ 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**

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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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. TC Agents, 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. North Carolina 3. 56-2157281
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1414 Raleigh Rd., Ste. 203 6. same
(Street Address of Principal Office) (Mailing Address)

Chapel Hill, NC 27517

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

Name: Gregory Herman-Giddens

Office Address: 1415 Panther Lane, Ste. 534

Naples 34109
(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.

Gregory Herman-Giddens
(Registered agent's signature)

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TALLAHASSEE, 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gregory Herman-Giddens</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1415 Panther Ln, Ste. 534</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Naples, FL 34109</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Gregory Herman-Giddens
Signature of an authorized person

Gregory Herman-Giddens

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TC AGENTS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 4th day of April, 2024

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of April, 2024.

Elaine F. Marshall

Secretary of State