

PO0000089798

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 SEP 21 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

T.C.B. INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

DAVID McLEAN

Name (Printed or typed)

1500 NW 58 AVE

Address

MARGATE FL 33063

City, State & Zip

954-984-4221

Daytime Telephone number

000003393920--8

-09/14/00--01110--008

*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.

9-25
22/44
WCC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 15, 2000

DAVID MCLEAN
1500 NW 58TH AVE.
MARGATE, FL 33063

SUBJECT: T.C.B. INC.
Ref. Number: W00000022614

We have received your document for T.C.B. INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 800A00048787

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

T.C.B. OF MARGATE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1047 NORTH STATE Rd 7
MARGATE FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAFE/PUB ~~PROFESSIONAL CORPORATION~~

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DAVID MCLEAN (president)
1500 NW 58 AVE MARGATE FL 33063

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID MCLEAN
1500 NW 58 AVE
MARGATE FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID MCLEAN
1500 NW 58 AVE
MARGATE FL 33063

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

9-13-00
Date

Signature/Incorporator

9-13-00
Date