

PD5000/33830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

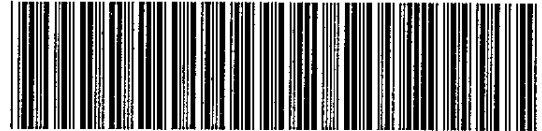
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200059982302

09/29/05--01040--005 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP 29 PM 4:48

MPX
9/30

COVER LETTER

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

SUBJECT: **TCB BROKERAGE INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: **TCB BROKERAGE INC.**

Name (Printed or typed)

10420 GLADES CUT OFF RD.

Address

PORT SAINT LUCIE, FL 34986

City, State & Zip

772-466-1544

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 29 PM 4:48

ARTICLE I NAME

The name of the corporation shall be:

TCB BROKERAGE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10420 GLADES CUT OFF RD PORT ST. LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RICK MASSEY
10420 GLADES CUT OFF RD
PORT SAINT LUCIE, FL 34986

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RICK MASSEY
10420 GLADES CUT OFF RD
PORT SAINT LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICK MASSEY
10420 GLADES CUT OFF RD
PORT SAINT LUCIE, FL 34986

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



Signature/Incorporator



Signature/Incorporator



Signature/Incorporator