

P11088064217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

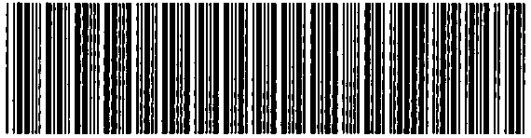
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400209686534

07/11/11--01012--009 **87.50

FILED
11 JUL 15 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/18

COVER LETTER

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

SUBJECT: TCCI, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Thomas P. Crosier
Name (Printed or typed)

384 Wingate Circle
Address

Oldsmar, FL 34677
City, State & Zip

(727) 564-0321
Daytime Telephone number

tcrosier@behrpaint.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

THOMAS P CROSIER
384 WINGATE CIRCLE
OLDSMAR, FL 34677

SUBJECT: TCI, INC.
Ref. Number: W11000036706

We have received your document for TCI, INC. and your check(s) totaling \$87.50. 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 corrected 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 211A00016547

July 13, 2011

Re: W11000036706

Florida Department of State
Divisions of Corporations

Please see the attached revised Filing Articles of Incorporation. The initial filing W11000036716 was Rejected.

The REJECTED Filing was for TCI, Inc.

The requested new filing is for TCCI, Inc.

I have changed the name and attached a new filing with copies of the Rejected Filing for reference.

Also enclosed is a copy of the initial check written (check #6001) for the Rejected Filing for reference.

Respectfully,
Tom Crosier
384 Wingate Circle
Oldsmar, FL 34677
(727) 564-0321

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

ARTICLE I NAME TCCI, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
384 Wingate Circle
Oldsmar, FL 34677

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Business Consulting

FILED
11 JUL 15 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Thomas P. Crosier, President</u>	Name and Title: _____
Address: <u>384 Wingate Circle</u>	Address: _____
<u>Oldsmar, FL 34677</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Thomas P. Crosier
Address: 384 Wingate Circle
Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas P. Crosier
Address: 384 Wingate Circle
Oldsmar, FL 34677

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




Required Signature/Registered Agent

July 13, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

July 13, 2011

Date