

P130000069576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

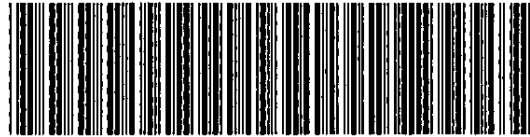
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/14/13--01021--002 \*\*122.50

FILED  
13 AUG 19 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1113-34932

UMD 8/23

**COVER LETTER**

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

**SUBJECT: SECOND CHANCES TCM 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: SHANQUAL GUNN**

Name (Printed or typed)

**523 WEKIVA COMMONS CIR. #4**

Address

**APOPKA, FL 32712**

City, State & Zip

**(321)460-3731**

Daytime Telephone number

**SHANQUALGUNN@GMAIL.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

June 17, 2013

SHANQUAL MARSHALL-GUNN  
523 WEKIVA COMMONS CIR., #4  
APOPKA, FL 32712

SUBJECT: SECOND CHANCES TCM INC.  
Ref. Number: W13000034932

We have received your document for SECOND CHANCES TCM INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

You may file "Articles of Dissolutions" to dissolve the Non-Profit entity, then file new "Profit Articles" of Incorporation.

You must also include a "Notarized" affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to the new entity.

We are enclosing the proper form(s) with instructions for your convenience.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00015169

SHANQUAL MARSHALL-GUNN

532 WEKIVA COMMONS CIR. #4

APOPKA, FL. 32712

SUBJECT: SECOND CHANCES TCM INC.

REF. # w13000034932

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have no intention of revoking the dissolution, and therefore release the name of the entity.

Signed by President



Mrs. Shanqual Gunn

 8/9/13

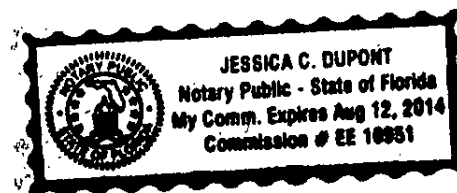
Signature of Notary Public

Name of Notary Public Jessica DuPont

SEAL

Notary Public, State of Florida

My commission expires: 8/12/2014



**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: SECOND CHANCES TCM INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

523 WEKIVA COMMONS CIR. #4  
APOPKA, FL. 32712

Mailing address, if different is:

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHANQUAL GUNN      Name and Title: \_\_\_\_\_

Address: 523 WEKIVA COMMONS CIR.      Address: \_\_\_\_\_

SUITE #4

APOPKA, FL. 32712

Name and Title: \_\_\_\_\_      Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_      Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_

(conti.)

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: SHANQUAL GUNN

Address: 523 WEKIVA COMMONS CIR. #4

APOPKA, FL. 32712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANQUAL GUNN

Address: 523 WEKIVA COMMONS CIR. #4

APOPKA, FL. 32712

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TALLAHASSEE, FLORIDA

*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*

Shanqual Marshall-Gunn  
Required Signature/Registered Agent

07/30/2013

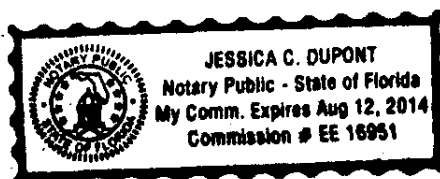
Date

*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.*

Shanqual Marshall-Gunn  
Required Signature/Incorporator

07/30/2013

Date



*Jessica Dupont 8/9/13*