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(Re	equestor's Name)			
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·		
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(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:	TC Honors (PROPOSED CORPORA	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Chelsea Garfie	(Printed or typed)	
	10000 Gate Park	way N #315 Address	
	Jacksonville, FL City,	32246 State & Zip	
	850-321-8813 Daytime T	elenhone number	
	Chelseaspins@qw	ail. com	
	E-mail address: (to be use	d for future annual report r	notification)

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

	ARTICLES OF INCO In compliance with Chapter 607 and/		
ARTICLE I NAME The name of the corporation s	hall be: <u>GTC Homors</u> I	Inc.	2 0
ARTICLE II PRINCIPAL Principal 10000 Gate Pay	cipal street address	Mailing address,	<u> </u>
Jacksonville, Fl	32246		
ARTICLE III PURPOSE The purpose for which the co	rporation is organized is: <u>all leg</u> e	al purposes for a F	lovida Corporation
ARTICLE IV SHARES The number of shares of stock	: is:_ <i>/ 0 0</i>		
	Helsea Gartield	Name and Title:	
Address	0000 Gate Parkway N.	Address:	
_2	acksonville, FL 32246		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			

Name and I	rtie:	Name and Title:	
Address		Address:	
	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
	Chelsea Garrield		
Address:	10000 Gate Parkway N #313	;	<u>कें</u> ज
-	Jacksonville, FL 32246		MAY I
ARTICLE VII IN	CORPORATOR		MAY 18 PH Is 04
The name and addr	ress of the Incorporator is:		
Name:	Chelsea Garfield 10000 Gate Parkway N #315 Jacksonville, FL 32246		10 P
Address:	10000 Gate Parkway N #315		
	Jacksonville, FL 32246		
Effective date, if oth	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and cannot g.)	(OPTIONAL) be more than five business of	lays prior or 90 busin es s
	serted in this block does not meet the applicable service date on the Department of State's records.	tatutory filing requirements, th	nis date will not be listed as
Having been named this certificate, I am	d as registered agent to accept service of process familiar with and accept the appointment as reg	for the above stated corporati istered agent and agree to act i	on at the place designated in in this capacity
xChele	Required Signature/Registered Agent		x5/15/2015 Date
i submit this docum	nent and affirm that the facts stated herein are to partment of State constitutes p-third degree felong	rue. I am aware that the false as provided for in s.817.155.	e information submitted in a F.S.
2 m	d Signature/Incorporator		x 5/15/2015
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