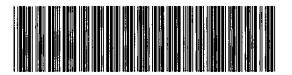
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(Re	equestor's Name)			
(Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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W15-18904



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2015

ALBERTO ENRIQUE GARCIA 1825 PONCE DE LEON BLVD., #75 CORAL GABLES, FL 33134

SUBJECT: TCB CONSULTING INC Ref. Number: W15000018904

We have received your document for TCB CONSULTING 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.

The document number of the name conflict is L06000081787 (TCB CONSULTING, LLC).

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 615A00005367

COVER LETTER

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



SUBJECT:	TCB CONSULTING GROUP 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			

FROM:	ALBERTO ENRIQUE GARCIA	
rkowi:	Name (Printed or typed)	
	1825 PONCE DE LEON BLVD #75	
	Address	
	CORAL GABLES, FL 33134	
	City, State & Zip	
	Daytime Telephone number	
	albertogarcia1103@hotmail.com	
	E-mail address: (to be used for future annual report notification)	

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)

<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal street address	Mailing address,	if different is:
110 SIDONIA AVEN	SIDONIA AVENUE 1825 PONCE DE LEON BLVD # 7		BLVD # 75
CORAL GABLES, F	_ 33134	CORAL GABLES, FL 33	3134
ARTICLE III PURI The purpose for which	the corporation is organized is:	TING SERVICES	
			OLVESION OF C
			-1 PM 1:3
			- υ
ARTICLE IV SHA. The number of shares of	RES If stock is:1000 SHARES @ 1.00 PAR VA	LUE	J
The number of shares of article V INIT	AL OFFICERS AND/OR DIRECTORS le: Alberto Enrique Garcia (Pres & Sec) 1825 Ponce de Leon Blvd #75	Name and Title:	
The number of shares of sh	IAL OFFICERS AND/OR DIRECTORS le:Alberto Enrique Garcia (Pres & Sec)	Name and Title:	
The number of shares of ARTICLE V INIT Name and Ti Address	AL OFFICERS AND/OR DIRECTORS le: Alberto Enrique Garcia (Pres & Sec) 1825 Ponce de Leon Blvd #75	Name and Title:Address:	
The number of shares of ARTICLE V INIT Name and Ti Address	AL OFFICERS AND/OR DIRECTORS le: Alberto Enrique Garcia (Pres & Sec) 1825 Ponce de Leon Blvd #75 Coral Gables, FL 33134	Name and Title: Address: Name and Title: Address:	
The number of shares of ARTICLE V INIT Name and Ti Address Name and Tit Address	In stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title: Address: Name and Title: Address:	

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	hle) of the registered agent is:	
	Alberto Enrique Garcia	, or 	
Name:	1825 Ponce de Leon Blvd #75		ງ 15
Address:			
	Coral Gables, FL 33134		JUH - I
	W.GORROR IMOR		<u> </u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		140
Name:	Alberto Enrique Garcia		- 30
Address:	1825 Ponce de Leon Blvd #75		
Addless:	Coral Gables, FL 33134		
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and offiling.)	(OPTION	
	te inserted in this block does not meet the applied effective date on the Department of State's rec		nents, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated co as registered agent and agree	rporation at the place designated in to act in this capacity
Alba	Required Signature/Registered Ager	•	03/27/15
17 4 7 22	Required Signature/Registered Ager	nt	Date
I submit this de document to the	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	n are true. I am aware that t e felony as provided for in s.81	he false information submitted in a 17.155, F.S.
	To Evigue Harcid		03/27/15
	uired Signature/Incorporator		Date