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SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUN - 1 PM 1:30

W15-18904

06/03/15



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

RECEIVED
15 MAY - 1 PM 11:15
TALLAHASSEE, FLORIDA

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALBERTO ENRIQUE GARCIA
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)

ARTICLE I NAME

The name of the corporation shall be: TCB CONSULTING GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

110 SIDONIA AVENUE

1825 PONCE DE LEON BLVD # 75

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES

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ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Enrique Garcia (Pres & Sec)

Name and Title: _____

Address 1825 Ponce de Leon Blvd #75

Address: _____

Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Alberto Enrique Garcia
Address: 1825 Ponce de Leon Blvd #75
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alberto Enrique Garcia
Address: 1825 Ponce de Leon Blvd #75
Coral Gables, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Alberto Enrique Garcia 03/27/15
Required Signature/Registered Agent 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.

Alberto Enrique Garcia 03/27/15
Required Signature/Incorporator Date

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