

P1700070357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

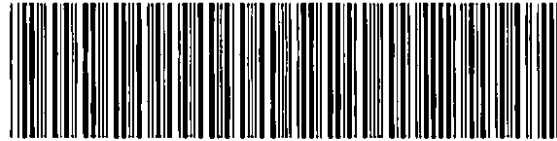
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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: August 22, 2017

Account#: I200000000088

Name: ERIC B. HOOD

Reference #: T011682

Entity Name: TCIM HOLDINGS, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF STATUS

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Authorized Amount: \$78.75

Signature: Eric B. Hood

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST., 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REG. OFFICE IN ENGLAND & WALES  
REGISTERED NO. 1172727  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

TCIM HOLDINGS, LLC  
1440 SPORTSMAN LANE NE  
PALM BAY, FLORIDA 32905

August 21, 2017

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

**RE: AUTHORIZATION FOR USE OF NAME – TCIM HOLDINGS, INC.**

Dear Sir/Madam:

This letter is to inform you that I expressly hereby authorize the use of the name **TCIM HOLDINGS, INC.**, for the formation of a new corporation of which I will be President, Director and Secretary.

Very truly yours,

**TCIM HOLINGS, LLC**, a Florida limited liability company



By: \_\_\_\_\_  
RODIN YOUNESSI, Manager

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## COVER LETTER

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

SUBJECT: TCIM HOLDINGS, 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: GEORGE BEFELER, ESQ.  
Name (Printed or typed)  
1441 BRICKELL AVENUE, SUITE 1200  
Address  
MIAMI, FLORIDA 33131  
City, State & Zip  
305.350.5159  
Daytime Telephone number  
gbefeler@homerbonner.com  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
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**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: TCIM HOLDINGS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1440 SPORTSMAN LANE NE

1440 SPORTSMAN LANE NE

PALM BAY, FLORIDA 32905

PALM BAY, FLORIDA 32905

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To conduct any lawful business under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Rodin Younessi, PDS

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

Address 1440 SPORTSMAN LANE NE

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

PALM BAY, FLORIDA 32905

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA  
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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: Peter Homer, Esq. \_\_\_\_\_

Address: 1441 Brickell Avenue, Suite 1200 \_\_\_\_\_

Miami, Florida 33131 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: George Befeler, Esq. \_\_\_\_\_

Address: 1441 Brickell Avenue, Suite 1200 \_\_\_\_\_

Miami, Florida 33131 \_\_\_\_\_

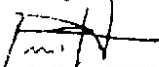
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

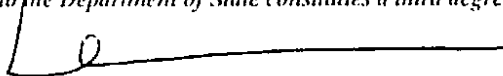


Required Signature/Registered Agent

8/20/17

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

8/21/17

Date

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