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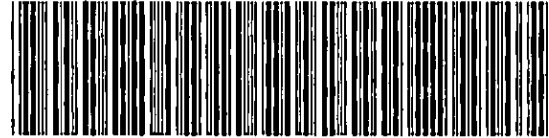
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18 DEC -6 AM 5:11  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** TCT, 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:** SANDRA M. PILARSKI

Name (Printed or typed)

10442 AUTUMN BREEZE DRIVE; SUITE 101

Address

ESTERO, FLORIDA 34135

City, State & Zip

847-420-9744

Daytime Telephone number

sandra.pilarski62@gmail.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: TCT, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
10442 AUTUMN BREEZE DRIVE

Mailing address, if different is:

SUITE 101

ESTERO, FLORIDA 34135

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS

ACTIVITIES AUTHORIZED BY FLORIDA STATE STATUTES AND RELATED BUSINESS CORPORATION ACT.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA M. PILARSKI; PRESIDENT

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

Address 10442 AUTUMN BREEZE DRIVE

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

SUITE 101

ESTERO, FLORIDA 34135

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

NOTARIAL PUBLIC  
18 DEC - 6 AM 5:11  
TALLAHASSEE FLORIDA

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: SANDRA M. PILARSKI

Address: 10442 AUTUMN BREEZE DRIVE; #101

ESTERO, FLORIDA 34135

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: SANDRA M. PILARSKI

Address: 10442 AUTUMN BREEZE DRIVE; #101

ESTERO, FLORIDA 34135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: DECEMBER 1, 2018. (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*

Sandra Pilarski  
Required Signature/Registered Agent

12/1/2018  
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.*

Sandra Pilarski  
Required Signature/Incorporator

12/1/2018  
Date