

PH TO: 306176381 FROM: 3052751301 Page: 1  
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Florida Department of State

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: [info@ulloacompany.com](mailto:info@ulloacompany.com)

2021 Oct 10 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 10 AM 9:26

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**TCSS Global Services Inc**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED

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2021 SEP 10 AM 9: 26

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: TCSS Global Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address is: 16678 SW 79 Way, Miami, FL 33193

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Antonio J Scuro, President

Address: 16678 SW 79 Way, Miami, FL 33193

Name and Title: Carla Sullo , VP

Address: 16678 SW 79 Way, Miami, FL 33193

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association  
14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VII INCORPORATOR**

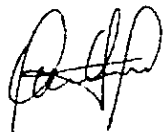
The name and address of the Incorporator is

Ulloa and Company Professional Association  
14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

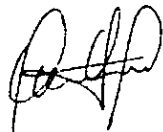
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

09/10/2021

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

09/10/2021

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