(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600393795026

08/06/22--01048--025 **128.75

COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 TOCA TRANS, INC. SUBJECT: Enclosed is an original and one (1) copy of the Articles of Domestication and a check: FEES: Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total filing fee \$128.75 **OPTIONAL**; Certificate of Status \$ 8.75 From: ELI TAX SERVICE, INC. Name (printed or typed) 2900 W IRVING PARK RD, UNIT C-2 Address CHICAGO, IL 60618 City, State & Zip 773-202-1144 Daytime Telephone Number **INFO@ELI.TAX** E-mail address: (to be used for future annual report notification)

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned.	TOMISLAV SECEROV	PRESIDENT
	, and the second second	(Name)	(Title)
of TO	OCA TR	ANS, INC.	, a foreign
	ration, in ac stication.	cordance with s. 607.11922, Florida	Statutes, submit these Articles of
1.	Then nam	e of the domesticating corporation	is TOCA TRANS, INC.
	***************************************	o o, the comment of the property	(Foreign Corporation)
2.	The jurisd	iction and date of its formation is $\underline{\hspace{0.5cm}}$	LLINOIS, 11/30/2012
		of the domesticated corporation is	
	<u> </u>		<u>. </u>
4.	The jurisd	iction of formation of the domestica	ited corporation is Florida
5.		stication corporation is a foreign coin accordance with its organic law.	rporation and the domestication was
6.		are Florida Articles of Incorporation ents pursuant to s.607.0202, F.S.	to complete the domestication
I certif	fy I am auth	× XG	estication on behalf of the corporation. zed Signature)

ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

TOCA TRANS, INC. ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:	
Principal Address Maili 402 BOUGH AVE 402 BOUGH AVE	ng Address
CLEARWATER, FL 33760 CLEARWATER, FL	FL 33760
· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ANY AND ALL LEGAL PURPOSES	
ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS: 1000	
ARTICLE VI REGISTERED AGENT AND STR	EET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCE	PTABLE) OF THE REGISTERED AGENT IS:
TOMISLAV SECEROV	
402 BOUGH AVE	
CLEARWATER, FL 33760	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEP	T SERVICE OF PROCESS FOR TUE
ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN	
WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT	
CAPACITY /	
. <i>VXXXX</i>	0010410000
Signature/Registered Akent	08/31/2022 Date

ARTICLE I NAME

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: TOMISLAV SECEROV Name & Title: **402 BOUGH AVE** Address: Address: CLEARWATER, FL 33760 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in document to the Department of State constitutes a third degree felony as 08/31/2022 Date Signature/Authorized Person

127 SEP -6 PM 4: 0