

P240000131373

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TRC2 HOLDINGS, INC.

Certificate of Status	1
Certified Copy	0
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2024 JAN 10 AM 10:18
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2024 JAN 10 AM 9:48
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: TRC2 HOLDINGS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1819 Fillmore Street
Hollywood, FL 33020**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal and Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ronald Reid - President/DirectorName and Title: Address 1819 Fillmore StreetAddress: Hollywood, FL 33020Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Address Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ronald Reid
Address: 1819 Fillmore Street
Hollywood, FL 33020

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ronald Reid
Address: 1819 Fillmore Street
Hollywood, FL 33020

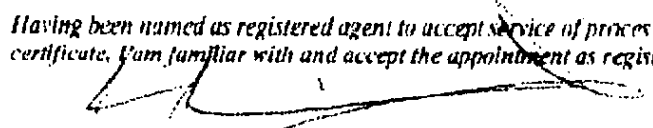
ARTICLE VIII EFFECTIVE DATE:

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.)

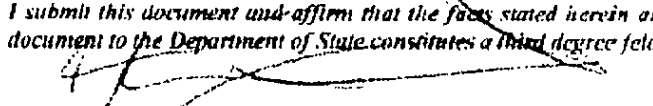
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AgentJanuary 9, 2024_____
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/IncorporatorJanuary 9, 2024_____
Date

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