

P24000041862

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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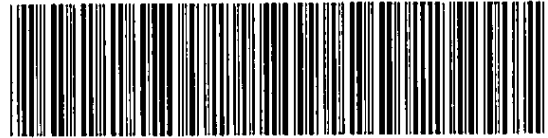
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

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2024 JUN 20 PM 2:24

STATE
TALLAHASSEE, FL

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/20/2024

Acc#I20160000072

en: c DW

Name:	TSS HCS Holdings I, Inc
Document #:	
Order #:	15679003

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>FILED 2024 JUN 20 AM 9:47 TALLAHASSEE, FL</div>	
Plain Copy:	<input type="checkbox"/>		
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		Number of Certs:	

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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: TSS HCS Holdings I, 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: Tyler Schapiro

Name (Printed or typed)

250 Royal Palm Way, Suite 307

Address

Palm Beach, Florida 33480

City, State & Zip

607-321-3200

Daytime Telephone number

tylers@flaglerinsurance.com

E-mail address: (to be used for future annual report notification)

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: TSS HCS Holdings I, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Tyler Schapiro
250 Royal Palm Way, Suite 307
Palm Beach, Florida 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any activities or business permitted under
the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tyler Schapiro, President & Director</u>	Name and Title:	_____
Address	<u>250 Royal Palm Way, Suite 307</u>	Address:	_____
	<u>Palm Beach, Florida 33480</u>		_____
	_____		_____

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

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

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CLERK OF STATE
TALLAHASSEE, FL

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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: C T Corporation System _____

Address: 1200 South Pine Island Road Plantation, _____

FL 33324 _____

ARTICLE VII INCORPORATOR

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

Name: Tyler Schapiro _____

Address: 250 Royal Palm Way, Suite 307 _____

Palm Beach, Florida 33480 _____

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

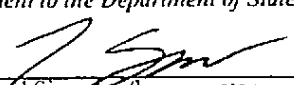
By: C T Corporation System _____

June 20, 2024 _____

Required Signature/Registered Agent Rose Song, Assistant Secretary

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 _____

June 20, 2024 _____
Date

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