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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: andrew@at-tas.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TGCES CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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8/12/24

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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: TGCES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address153 E FLAGLER ST PMB 251
MIAMI, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Ticket Sales**ARTICLE IV SHARES**The number of shares of stock is: 1500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NIKOLAS KARASAMANIS - President/Director

Name and Title: _____

Address 153 E FLAGLER ST PMB 251

Address: _____

MIAMI, FL 33131

Name 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: NIKOLAS KARASAMANIS
Address: 153 E FLAGLER ST PMB 251
MIAMI, FL 33131

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: NIKOLAS KARASAMANIS
Address: 153 E FLAGLER ST PMB 251
MIAMI, FL 33131

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 Agent NIKOLAS KARASAMANIS

August 6, 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/Incorporator NIKOLAS KARASAMANIS

August 6, 2024

Date

FILED