

P25000023562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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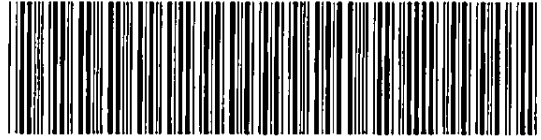
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

COVER LETTER

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

TCR Holding Solutions Co.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TAVAS, LLC

Name (Printed or typed)

3850 N Wilke Road

Address

Arlington Heights, IL 60004

City, State & Zip

(800) 595-4176

Daytime Telephone number

bhurston@totalconcreterepairs.com

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

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

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TALLAHASSEE, FL

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

ARTICLE I NAME TCR Holding Solutions Co.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

12094 Kevin Allen Lane

Jacksonville, FL 32219

ARTICLE III PURPOSE _____ to act as a holding company
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1,000 (See Exhibit A)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Tami Cope, Director	Name and Title:	Kevin Cope, Director
Address	12094 Kevin Allen Lane	Address:	12094 Kevin Allen Lane
	Jacksonville, FL 32219		Jacksonville, FL 32219
	_____		_____

Name and Title:	Brittany Hurston, Director	Name and Title:	Makenzie Cope, Director
Address	12091 Kevin Allen Lane	Address:	12070 Kevin Allen Lane
	Jacksonville, FL 32219		Jacksonville, FL 32219
	_____		_____

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

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TALLAHASSEE, FL

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: Tami Cope

Address: 12094 Kevin Allen Lane

Jacksonville, FL 32219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tami Cope

Address: 12094 Kevin Allen Lane

Jacksonville, FL 32219

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 TALLAHASSEE, FL

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

4-10-25
 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

4-10-25
 Date

EXHIBIT A

This corporation authorizes 1,000 total common stock shares with a par value of \$0.01, further described as follow:

- 100 shares shall be voting common stock shares which shall have exclusive voting rights
- 900 shares shall be non-voting common stock shares which shall have no voting rights except as otherwise provided by law

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