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NEW FILINGS	AMENDMEN	NTS PROPERTY	
Profit	Amendment		
NonProfit	Resignation of R./	A., Officer/ Director	
Limited Liability	Change of Registe	Change of Registered Agent	
Domestication	Dissolution/Withd	Dissolution/Withdrawal	
Other	Merger	ز.	15.96
OTHER FILING Annual Report	S REGISTRA QUALIFICA	TION	77
Fictitious Name	Foreign		
Name Reservation	Limited Partnership	,	1
	Reinstatement		

Trademark

Other

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 15, 1996

BEVERLY PRICE 10126 BOZEMAN DRIVE NEW PORT RICHEY, FL 34655

SUBJECT: TCB LIMITED Ref. Number: W96000005687

We have received your document for TCB LIMITED and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 796A00011747

ARTICLES OF INCORPORATION

OF TCB Limited

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: TCB Limited And.

The principal place of business of this corporation shall be: 10126 Bozeman Drive New Port Richey, FL 34655

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares @\$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Beverly Price 10126 Bozeman Drive New Port Richey, FL 34655 Linda C. Laszlo 11290 Tuscany Avenue Spring Hill, FL 34608

ARTICLE VI INCORPORATOR(S)

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The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Beverly Price 10126 Bozeman Drive New Port Richey, FL 34655-4306

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 28 day of 18 true 1996.

Signature(s) of Incorporator(s).

Delivery I ruce

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

THE FOREGOING instrument was acknowledged and sworn to before me this 287h day of February, 1996, by Beverly Price.

(Name of incorporator)

of :_TCBLimited INC (Name of Corporation)

Notary Public

William P. Carlton
Motary Public, State of Florida
SS Commission Expires 06/28/98

(C 1400-3-NOTARY - FL Notary Service & Romang Co.)

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: TCB Limited INC
- 2. The name and address of the registered agent and office is:

Beverly Price
10126 Bozeman Drive
New Port Richey, FL 34655-4306

FILED 1:31

SIGNATURE

TITLE President

DATE 3/2/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

(Registered agent

DATE__ 3/2/94