LD5000054634

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
r		

Office Use Only



500053851955

05/11/05--01033--012 **125.00

SECRE I SEE FLORIDATE

FILED

At Culticon II IA 9 2000



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 19, 2005

CHARLIE MAE JOHNS 222 ALDERWOOD ST. N. WINTER SPRINGS, FL 32708

SUBJECT: TCJ ENTERPRISES Ref. Number: W05000025326

We have received your document for TCJ ENTERPRISES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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 (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 305A00036227

05 JUN -2 AM 8: 2 SECKLIAKK UT STAT

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TCJ Enterprises (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charlie Mae Johns (Name of Person)	
(Figure Of Ferson)	
TCJ ENterprises (Firm/Company)	
· (Firm/Company)	
222 Alderwood StN.	
(Address)	
Winter Springs, F1 32708 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Charlie Mare Johns at 407 1019-2981 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed)	&

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
TCJ ENferprises L+D-Co L.C.				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
TCJ Enterprises, L.C. Add Alderwood St.N. Winter Springs, F1 32708 Winter Springs, F1 3	.C. N. 2708			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are: \[\left(\text{ARIE MAR JANS} \) \[\text{Name} \] \[\text{Plorida street address (P.O. Box NOT acceptable)} \] \[\text{Vinture Spines FL 32708} \] City, State, and Zip \[Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the aregistered agent and agree to act in this capacity. I further agree to comply with the	appointme	ent as	3	
statutes relating to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent as provided for in Cha	amiliar w	ith an		
Registered Agent's Signature (CONTINUED)	§ 5	05 JUN -2 AH 8	FILED	
Page 1 of 2	I A Î E ORIDA	8: 25		
ragetus 4	_			

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

1 itle:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MANAger	Charlie Mae Johns
	222 Alderwood St No Winter Springs FI 32708
	wing pring
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)