

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

LD1000007009

CONTACT: CINDY HICKS

DATE: 5-3-01

REF. #: 0631.15861 400004133724--3  
-05/03/01--01074--005  
\*\*\*\*155.00 \*\*\*\*155.00

CORP. NAME: TGNC, LLC

- ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
- ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
- ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ☒ LIMITED LIABILITY
- ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
- ( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3
- ( ) OTHER:

STATE FEES PREPAID WITH CHECK# 15152 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- ☒ CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY
- ( ) CERTIFICATE OF STATUS

Examiner's Initials

RECEIVED  
01 MAY - 3 AM 10:29  
DIVISION OF CORPORATION

1001-10008  
JB  
5-4-01

APPROVED  
AND  
FILED  
01 MAY - 3 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 3, 2001

CCRS

SUBJECT: TGNC, LLC  
Ref. Number: W01000010008

We have received your document for TGNC, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain the entity's complete mailing address.

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) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 001A00026320

01 MAY -3 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## ARTICLES OF ORGANIZATION FOR TGNC, LLC

### ARTICLE I - Name:

The name of the Limited Liability Company is: TGNC, LLC

**ARTICLE II - Address:** 230 Fifth Street, Miami Beach, Florida 33139. This shall also be used as their mailing address.

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


The name and the Florida street address of the registered agent are:

NRAI Services  
526 E. Park Avenue  
Tallahassee, Florida 32301

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

NRAI Services, Inc.

  
Registered Agent's 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.)

Martin L. Forman  
Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

APPROVED  
AND  
FILED  
01 MAY -3 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA