

# L030000016531

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**LIMITED LIABILITY COMPANY**

**TCS LLC**

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **TCS LLC**

## ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**2800 S. Oakland Forest Dr. #2302  
Oakland Park, FL 33309**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**Kim Castrillon**

Name

**2800 S. Oakland Forest Dr. #2302**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Oakland Park, FL 33309**

(City / State / Zip)

*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.*

**X**

*Kim Castrillon*  
**Registered Agent's Signature - Kim Castrillon**

## ARTICLE IV - Management ( Check box if applicable )

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

**Kim Castrillon - Managing Member  
2800 S. Oakland Forest Dr. #2302  
Oakland Park, FL 33309**

**X**

*Kim Castrillon*  
**Signature of a member or 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. )

**Kim Castrillon**

Typed or printed name of signee

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