

W030000036984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

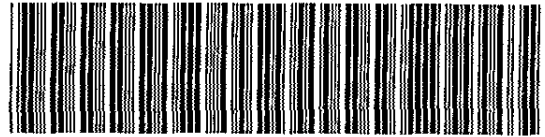
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.C.M. Ltd. Co.
(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:

Audrey Harris

(Name of Person)

T.C.M. Ltd. Co.

(Firm/Company)

10125 W. Oakland Park Blvd. # 399

(Address)

Sunrise, FL. 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Harris

(Name of Person)

at (954) 529-5475

(Area Code & Daytime Telephone Number)

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

T.C.M. Ltd. Co.
10125 W. Oakland Park Blvd. #399
Sunrise, FL 33351.
(954) 529-5475

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

To Whom It May Concern:

Here is the information you requested for the application to form a Limited Liability Company.

Registered Agent Information:

Audrey Harris
5510 NW 31st Ave Apt # 103
Ft. Lauderdale, FL 33309

We are requesting the following information along with the applications to complete filing:

Certified Copy: Additional \$30.00 included in the enclosed check.

If any further information is needed, please contact the registered agent at the address and phone number provided in the enclosed paperwork.

Respectfully;

A handwritten signature in black ink, appearing to read "Audrey Harris", with a stylized flourish at the end.

Audrey Harris
Registered Agent
T.C.M. Ltd. Co.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T.C.M. Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

10125 W. Oakland Park Blvd. #399

Sunrise, FL. 33351

Mailing Address:

10125 W. Oakland Park Blvd. #399

Sunrise, FL. 33351

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

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

Audrey Harris

Name

5510 NW 31st Ave. Apt # 103

Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale, FL 33309

City, State, and 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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member


Name and Address:

| | |
|-----|--------------------------------------|
| MGR | Audrey Harris |
| | 5510 NW 31st Ave. Apt # 103 |
| | Ft. Lauderdale, FL. 33309 |
| MGR | TRELEISHA FORDE |
| | 6475 W. Oakland Park Blvd. Apt # 111 |
| | Lauderhill, FL. 33313 |
| MGR | Sharo Collins |
| | 38 Spinning Wheel Lane |
| | Tamarac, FL. 33319 |
| | |
| | |
| | |

(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.)

6475 W. Oakland Park Blvd. Apt # 111

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)