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| PICK-UP                 | WAIT                 | MAIL   |
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| V                       |                      |        |
| (Do                     | ocument Number)      |        |
|                         |                      |        |
| Certified Copies        | _ Certificates of    | Status |
|                         |                      |        |
| Special Instructions to | Filing Officer:      |        |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                          |
|--|
| SUBJECT: TY COM VICK, LLC (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:  |
| Timothy Tuech (Narge of Person)  |
| (Firm/Company)   |
| 3904 Chelsea Street  |
| Ovando, FL 37803 (City/State and Zip Code)                                 |
| For further information concerning this matter, please call:               |
| Timothy Tulch at (401) 897-0853 (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:  |             |
|--|-------------|
| Ty Cam Nicky UC  |             |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is                                 | s:          |
| Principal Office Address:  3904 Chelsta St  Ovlando, FL 37803  Mailing Address:  3904 Chelsta St  Ovlando, FL 37803                                      | -<br>う<br>つ |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are: |             |
| Name 3904 Chelbla Street Florida street address (P.O. Box NOT acceptable)  | Fab.        |
| City, State, and Zip   |             |
| z been named as registered agent and to accept service of process for the above stated limited liability   |             |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

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

\$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)