

L04000047731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

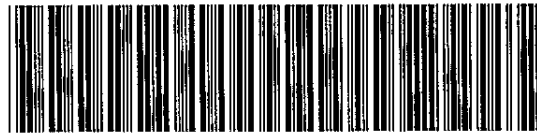
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/25/04--01001--009 \*\*125.00

RECEIVED  
JUN 24 PM 4:09  
04 JUN 24 AM 10:16  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK  
DATE: 06-24-04  
REF. #: 0150.27496  
CORP. NAME: TW/OLSON-MOODY, LLC

FILED  
04 JUN 24 AM 10:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 5081643 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

TW/Olson-Moody, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is TW/Olson-Moody, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 877 Executive Center Drive West, Suite 205, St. Petersburg, Florida, 33702-2472, and the mailing address of the limited liability company is 877 Executive Center Drive West, Suite 205, St. Petersburg, Florida, 33702-2472.

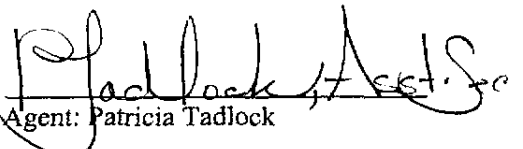
ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CorpDirect Agents, Inc.  
103 N. Meridian Street  
Tallahassee, FL 32301

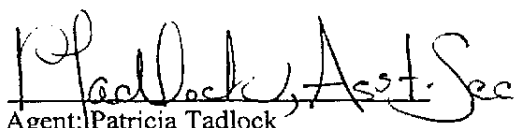
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

CorpDirect Agents, Inc.

By:   
It's Agent: Patricia Tadlock

(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 herein are true.)

CorpDirect Agents, Inc.

By:   
It's Agent: Patricia Tadlock  
Authorized Representative of a Member

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TALLAHASSEE, FLORIDA