

L04000059206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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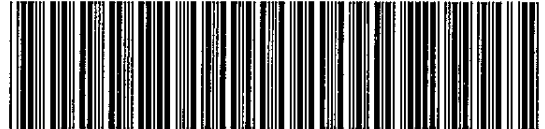
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666

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LLC

1.) TW Real Estate Holdings, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION FOR
TW REAL ESTATE HOLDINGS, LLC,
a Florida Limited Liability Company

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.

ARTICLE I - Name

The name of this limited liability company shall be "TW REAL ESTATE HOLDINGS, LLC"

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 2600 Maitland Center Parkway, Suite 330, Maitland, Florida 32751.

ARTICLE III - Management

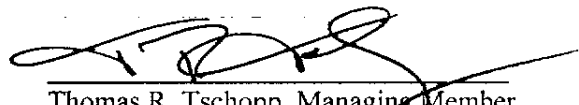
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial managing managers are Thomas R. Tschopp and Thomas V. Whitcomb.

ARTICLE IV

Registered Agent, Registered Office and Registered Agent's Signature

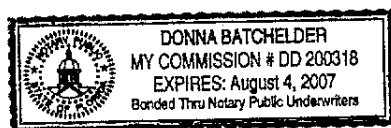
The name and Florida street address of the registered agent is Thomas R. Tschopp at 2600 Maitland Center Parkway, Suite 330, Maitland, Florida 32751. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, 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..

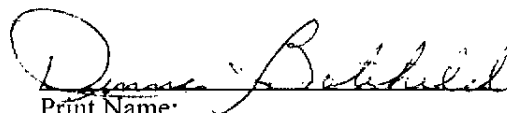
Dated this 2 day of August, 2004.


Thomas R. Tschopp, Managing Member
and Registered Agent

STATE OF FLORIDA
COUNTY OF Seminole

The foregoing Articles of Organization were acknowledged before me this 2 day of August, 2004, by THOMAS R. TSCHOPP. Said person did not take an oath and (check one) ☐ is personally known to me, or ☒ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Print Name: _____
Notary Public - State of Florida
Commission Number: _____
My Commission Expires: _____