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04 OCT 25 PM 12:08  
DIVISION OF REGISTRATION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
F11 ED  
04 OCT 25 PM 2:29

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TALLAHASSEE, FLORIDA

T.L.V., LLC.

2/2/25

- ☒ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

WC 10/25 11:00

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR

T. L. V. , L. L. C.

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04 OCT 25 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a Limited Liability Company for the purposes hereinafter stated under and pursuant to the laws of the State of Florida, does hereby declare as follows:

## ARTICLE I.

### NAME

The name of the Limited Liability Company is T.L.V., L.L.C.

## ARTICLE II.

### ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 50 South Harbor Drive, Ocean Ridge, Florida 33435

## ARTICLE III.

### REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

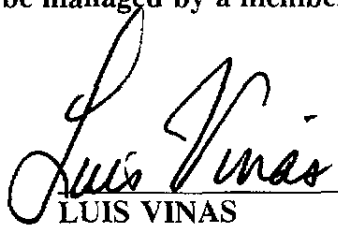
William G. Shofstall  
828 Squire Drive  
West Palm Beach, Florida 33414

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.

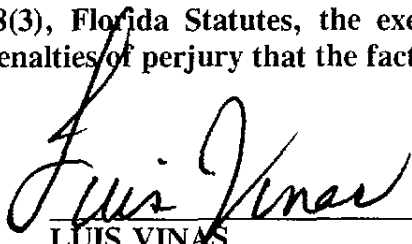
  
\_\_\_\_\_(SEAL)  
WILLIAM C. SHOFSTALL  
Registered Agent

**ARTICLE IV.**  
**MANAGEMENT**

The Limited Liability Company is to be managed by a member and is, therefore, a member-managed company.

  
\_\_\_\_\_(SEAL)  
LUIS VINAS  
Managing Member

In accordance with Section §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_(SEAL)  
LUIS VINAS  
Managing Member