

L04000079015

04 NOV 11 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

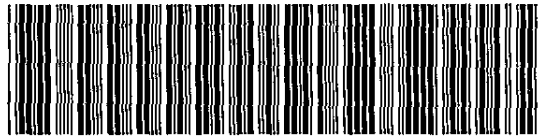
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300040120573

11/01/04--01009--014 **125.00

AL

RECEIVED
04 NOV - 1 PM 12:55
DIVISION OF LITIGATION

TRANSMITTAL LETTER

FILED

04 NOV -1 PM 12:58

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: TVN FINANCIAL SERVICES, 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:

Thomas V Novak, Sr
(Name of Person)

TVN FINANCIAL SERVICES, LLC
(Firm/Company)

5524 Mossy Top Way
(Address)

Tallahassee, Fl. 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas V Novak, Sr at (850) 536-3154
(Name of Person) (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

FILED
04 NOV -1 PM 12: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TVN FINANCIAL SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

5524 Mossy Top Way
Tallahassee Fl. 32303

Mailing Address:

5524 Mossy Top Way
Tallahassee, Fl. 32303

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

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

THOMAS V NOVAK, SR.
Name

5524 Mossy Top Way
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FLORIDA 32303
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, Florida Statutes..


Registered Agent's Signature

FILED

04 NOV -1 PM 12: 58

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

THOMAS V Novak Sr.
5524 MOSSY TOP WAY
Tallahassee Fl. 32303

MGR

Wanda Moy
5524 Mossy Top Way
Tallahassee Fl. 32303

(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.)

Thomas V. Novak Sr.
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)