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Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : ACCOUNTING & BEYOND  
Account Number : I19990000223  
Phone : (813)998-9800  
Fax Number : (813)935-9982

## LIMITED LIABILITY COMPANY

## TSG WEB COMMUNICATIONS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I Name:**

The name of the Limited Liability Company is:

TSG WEB COMMUNICATIONS, LLC**ARTICLE II- Address:**

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

15 PARADISE PLAZA, #335, SARASOTA, FL 34239**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

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

SOPHIA RODRIGUEZ

Name

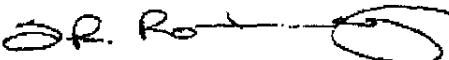
15 PARADISE PLAZA, #335

Florida Street Address

SARASOTA, FL 34239

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, F. S.*



Signature/Registered Agent

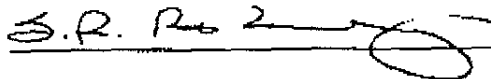
1/4/05

Date

**Article IV Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an effective date is requested)



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.)

SOPHIA RODRIGUEZ

Typed or printed name of signee