

L 05 000028391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

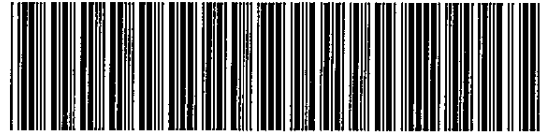
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**FILED**  
05 MAR 22 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
05 MAR 22 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TPC TECHNICAL COMMUNITY, LLC  
(Name of Limited Liability Company)

**FILED**  
05 MAR 22 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Dickson

(Name of Person)

Blank, Meenan and Smith, P.A.

(Firm/Company)

P.O. Box 11068

(Address)

Tallahassee, FL 32302-3068

(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Dickson

(Name of Person)

at ( 850 ) 681-6710

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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**  
05 MAR 22 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**Name**

The name of the Limited Liability Company (hereinafter the "Company") is:

TPC TECHNICAL COMMUNITY, LLC

**ARTICLE II**  
**Address**

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

5852 Pitch Pine Dr.  
Orlando, FL 32819

**ARTICLE III**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

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

Terrence L. Henderson  
5852 Pitch Pine Dr.  
Orlando, FL 32819

*Having been named as registered agent and to accept service of process for the above stated 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  
Terrence L. Henderson

**ARTICLE IV**  
**Manager(s) or Managing Member(s)**

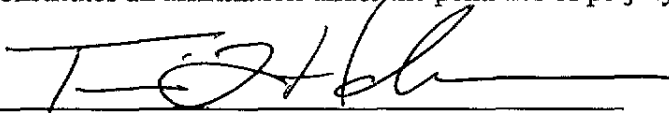
The Company will be a Member-managed limited liability company. The name and address of the initial Managing Member is as follows:

Terrence L. Henderson, Managing Member  
5852 Pitch Pine Dr.  
Orlando, FL 32819

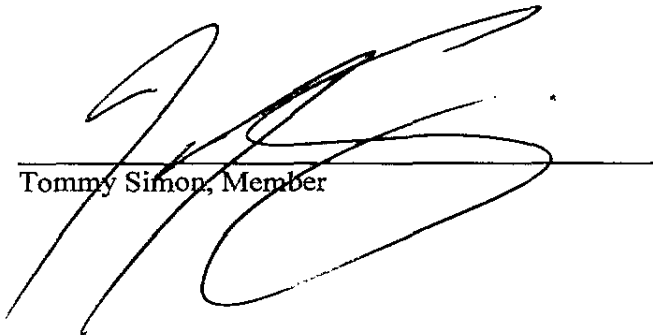
Tommy Simon, Managing Member

**REQUIRED SIGNATURE:**

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.

A handwritten signature in black ink, appearing to read 'T. Henderson', written over a horizontal line.

Terrence L. Henderson, Member

A large, stylized handwritten signature in black ink, written over a horizontal line.

Tommy Simon, Member