

Florida Department of State  
Division of Corporations  
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## From:

Account Name : RUBCO  
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## LIMITED LIABILITY COMPANY

## TCS Enterprises LLC

Certificate of Status	1
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is: **TCS Enterprises LLC**

**ARTICLE II - Address**

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

**Principal Office Address:**5108 Sylvan Oaks DriveValrico, FL 33594**Mailing Address:**5108 Sylvan Oaks DriveValrico, FL 33594**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Trent ShermanName5108 Sylvan Oaks Drive(P.O. Box or Mail Drop Box NOT Acceptable)Valrico, FL 33594(City / State / Zip)

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*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.*



**Registered Agent's Signature - Trent Sherman**

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMTrent Sherman- 5108 Sylvan Oaks Drive, Valrico, FL 33594

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Trent Sherman  
 Signature of a member or 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. )

Trent Sherman

Typed or printed name of signee

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