Florida Department of State

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LIMITED LIABILITY COMPANY

TCB INVESTMENTS OF FLORIDA LLC

Certificate of Status Certified Copy 1 Page Count 03 **Estimated Charge** \$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TCB INVESTMENTS OF FLORIDA LLC		
(Must and with the words "Limited Liability Company, "Limited	i Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Tim Duval	2370 N Federal Hwy Suite 204 Ft Laud Ft 33305	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: and Agent. You must designate an individual or mother	
The name and the Florida street address of the re	gistered agent are:	
Tim Duva	<u></u>	
Name		
2370 N. Federal I		
Florida street address (P.O. Box NOT acceptable)		
Ft Lauderdale	<u>FL 33305</u>	
City, State, a	nd Zip	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	nacept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Registered Agent's Signar	ure (REQUIRED)	

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Tim Duval	
Market State of the State of th		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior	+ =
to or 90 days after the date of filing.)	e specific and cannot be more than 1170 parameter and by	
REQUIRED SIGNATURE:		
		में प्रस्ता प्रस्ता
Signature of a modifie	er or an authorized representative of a member.	i i
(In accordance with sec of this document coust that the facts stated i	ection 608.408(3), Fiorida Statutes, the execution intutes an affirmation under the penaltics of porjuty herein are true.)	- J
Tim Duva	ı	
— Ту	yped or printed name of signer	

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