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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.L.C. New Ventures, L.L.C.
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to the following:

TARMA Chiselle Quiñones
(Name of Person)

T.L.C. New Ventures, L.L.C.
(Firm/Company)

2000 S Ocean Blvd., #3C
(Address)

Pompano Beach, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

Same AS Above at (813) 956-5481
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

T.L.C. New Ventures, L.L.C.

(Present Name)
(A Florida Limited Liability Company)

The Articles of Organization were filed on 1/18/2006 and assigned
document number LD6000008517.

Please update the name of manager,
Tarma Chiselle Isales to Tarma
Chiselle Quiñones due to marriage.
Enclosed is a copy of the marriage
certificate. The company's EIN
is 20-4200805.

Dated

July 9th, 2007.

Tarma Chiselle Quiñones

Signature of a member or authorized representative of a member

TARMA CHISELLE QUIÑONES

Typed or printed name of signee

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

2006 050605

(STATE FILE NUMBER)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

DATE RETURNED: MAY 24 2006

RECORDED: BOOK 356 PAGE 2805

HOWARD C. FORMAN, CLERK OF COURT

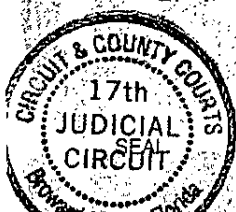
BY TF, DEPUTY CLERK

ML-CE-06-001644

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) LUIS JAVIER QUINONES-FIGUEIRA			2. DATE OF BIRTH (Month, Day, Year) [REDACTED]		
3a. RESIDENCE - CITY, TOWN, OR LOCATION CORAL SPRINGS	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) [REDACTED]		
5a. BRIDE'S NAME (First, Middle, Last) TARMA CHISELLE ISALES			5b. MAIDEN SURNAME (If different) [REDACTED]		
7a. RESIDENCE - CITY, TOWN, OR LOCATION POMPANO BEACH	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) [REDACTED]		
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
9. SIGNATURE OF GROOM (Sign full name using black ink) [Signature]			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 21, 2006		
11. OFFICE OF OFFICIAL DEPUTY CLERK J. T. GRAY			12. SIGNATURE OF OFFICIAL (Use black ink) [Signature]		
13. SIGNATURE OF BRIDE (Sign full name using black ink) [Signature]			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 21, 2006		



R ERASED

VOID IF AT

OFFICE of VITAL STATISTICS

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2006 050605

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
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BY *TF*, DEPUTY CLERK

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9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Luis Javier Quinones-Figueira</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 21, 2006
11. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	12. SIGNATURE OF OFFICIAL (Use black ink) <i>J. T. Gray</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Tarma Chiselle Isaales</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 21, 2006
15. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	16. SIGNATURE OF OFFICIAL (Use black ink) <i>J. T. Gray</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED APR 21, 2006	19a. DATE LICENSE EFFECTIVE APR 24, 2006	19b. EXPIRATION DATE JUN 22, 2006
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>J. T. Gray</i>	20b. TITLE DEPUTY CLERK J. T. GRAY	20c. BY D.C.	

CERTIFICATE OF MARRIAGE

21. DATE OF MARRIAGE (Month, Day, Year) MAY 6, 2006		22. CITY, TOWN, OR LOCATION OF MARRIAGE RIVERVIEW	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Elise Ilaraza</i>	23b. ADDRESS (Of person performing ceremony) 3204 PICKERS AVENUE BUSHKIN, FL 33578		
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Tarma Chiselle Isaales</i>	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Luis Quinones-Figueira</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE HISPANIC	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 01	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
	30. SOCIAL SECURITY NUMBER	31. RACE HISPANIC	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 01	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)

DH Form 743, April 98 (Replaces Feb. 91 edition)

AUG 09 2006

State Registrar

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DH FORM 1947 (08/04)

FLORIDA DEPARTMENT OF
HEALTH