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(Requ	uestor's Name))
(Adda	ress)	
(Addı	ess)	<u>. </u>
: (City/	State/Zip/Phon	ne #)
PICK-UP	MAIT WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
06 AUG 22 AM 11: 11

J. BRYAN AUG 2 3 2006

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: T&CF	Family Investments, L				_
	(Name of Limited	d Liability Compa	ny)		
	f Organization and fee(s) are so	_			06 AUG 22
Please return all corresp	ondence concerning this matte	r to the following	•		% 2
Edwin Can	cel				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(1	Name of Person)			
T & C Fam	ily Investments, LLC	}			
***************************************	(Firm/Company)			
2683 Gold	Dust Circle				
	*	(Address)			
Kissimme	e, FL 34744-5156				
	(City	State and Zip Code)		
For further information	concerning this matter, please	call:			
Edwin Cancel		at (407	344-764	8	
	of Person)	(Area Cod	/	elephone Number)	-
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Find Certified Copy (additional copy)	у	\$160.00 Filing Certificate of State Certified Copy (additional copy is expected)	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation outliding ocutive Center	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ame:		O VIEW
The name of the	Limited Liability Com	pany is:	OF AUG 22 MIII. 11
T & C Family Inve	estments, LLC		22 CARGE
(Must end with the wor	rds "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - A	ddress:		
		of the principal office of the Limited Lia	ability Company is:
Principal Office	Address:	Mailing Address:	
2683 Gold Dust Circl	le	Kissimmee, FL 34744-5156	
Kissimmee, FL 3474	4-5156	2683 Gold Dust Circle	
business entity with a	n active Florida registration.)	own Registered Agent. You must designate an indivi-	dual or another
The name and the	rioriua su eet address	of the registered agent are:	EPFECTIVE DATE
	Edwin Cancel		08/18/06
		Name	
	2683 Gold Dust Cir	cle	
	Florida	street address (P.O. Box NOT acceptable)	
	Kissimmee	FL 34744-5156	
•	Cit	ry, State, and Zip	
Having been na	med as registered ageni	t and to accept service of process for the	above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
'MGR" = Manager	2
"MGRM" = Managing Me	mber
MGR	Manager or Managing Member is as follows: Name and Address: Manager or Managing Member is as follows: Name and Address: Angel Toro 55 Altera CT. Kissimmee, FL 34758-3908
	55 Altera CT.
	Kissimmee, FL 34758-3908
MOD	
MGR	Edwin Candel
	2683 Gold Dust Circle
	Kissimmee, FL 34744-5156
MGRM	Agnes Perez-Toro
	55 Altera CT.
	Kissimmee, FL 34758-3908
MGRM	Maria DeLos A. Cruz-Cancel
	2683 Gold Dust Circle
Use attachment if necessa	ry)
LE V: Effective date, if oth fective date is listed, the d	ry) ner than the date of filing: 08/18/2006 . (OPTION ate must be specific and cannot be more than five business defined by the specific and cannot be more than the specific and cannot be
	ry) ner than the date of filing: 08/18/2006 . (OPTION ate must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the d days after the date of filing REQUIRED SIGNATURE	ry) ter than the date of filing: 08/18/2006
LE V: Effective date, if oth fective date is listed, the d days after the date of filing REQUIRED SIGNATURE	ry) ner than the date of filing: 08/18/2006 . (OPTION ate must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the d days after the date of filing REQUIRED SIGNATURES Signature (In accordance of this down the date of the	ry) ter than the date of filing: 08/18/2006 . (OPTION ate must be specific and cannot be more than five business d g.) AE:
LE V: Effective date, if oth fective date is listed, the d days after the date of filing REQUIRED SIGNATURES Signature (In accordance of this down the date of the	ry) ter than the date of filing: 08/18/2006 (OPTION ate must be specific and cannot be more than five business dig.) AE: of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)