

LU7UUUU63257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

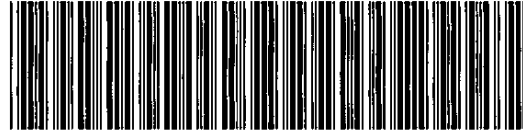
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



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06/15/07--01013--024 **155.00

FILED

07 JUN 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2007 JUN 15 PM 12:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO ADVISE
SUFFICIENCY OF FILING

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
07 JUN 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- TLC, LLC

2-

3-

4-

☒

Walk-in

☐

Pick-up time ASAP

☒

Certified

☐

Mail-out

☐

Will wait

☐

Photocopy

☐

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
TLC, LLC**

- 1) The name of the entity is:

TLC, LLC

- 2) The mailing address of the entity is:

144 Point O Drive
Daytona Beach, FL 32114

- 3) The principal place of business of the entity is:

144 Point O Drive
Daytona Beach, FL 32114

- 4) The initial registered agent is:

Scott E. Simpson
595 West Granada Boulevard
Suite A
Ormond Beach, FL 32174-9448

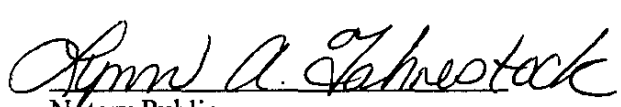
IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization on
this 13 day of June, 2007.

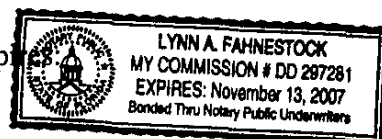

LUCENA L. CHISHOLM

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

Before me personally appeared **LUCENA L. CHISHOLM**, known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that she executed said instrument for the purposes therein expressed.

The foregoing instrument was acknowledged before me this 13th day of June, 2007, by **LUCENA L. CHISHOLM** ☒ who is personally known to me, or () who produced a Florida driver's license as identification.


Notary Public
State of Florida
Commission No.:
My Commission Exp



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THE STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

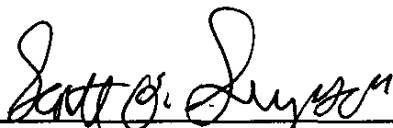
Pursuant to Florida Statute 48.091, the following is submitted in compliance with said Act;

First, **TLC, LLC** desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named **SCOTT E. SIMPSON, Esquire**, 595 W. Granada Boulevard, Suite A, Ormond Beach, Florida 32174, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

DATED this 13th day of June, 2007.



SCOTT E. SIMPSON, Esquire
As Registered Agent
Scott E. Simpson, P.A.
Florida Bar No.: 936080
595 W. Granada Blvd., Suite A
Ormond Beach, FL 32174