

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

ORIDA/FOREIGN LIMITED LIABILITY CO.

TCV Retail Ventures, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: TCV Retail Ventures, LLC

ARTICLE II ADDRESS

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

8616 SE May Terrace

Hobe Sound Florida 33455

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Christle Velinsky

8616 SE May Terrace

Hobe Sound Florida 33455

Having been named as registered agent 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..

Christie Velinsky Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
Christie Velinsky
8616 SE May Terrace
Hobe Sound Florida 33455

MANAGING MEMBER
Tracy Champagne
PO Box 2253
Hobe Sound Florida 33475



Signature of a member or an 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.

NAME OF SIGNER Tracy Champagne Typed or printed name of signee