

L08000087323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

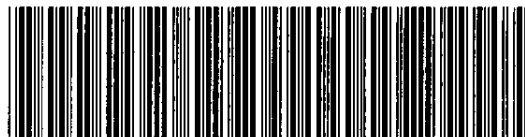
Special Instructions to Filing Officer:

W08-37888

A. LUNT  
Office Use Only

SEP 15 2008

EXAMINER



400134138654

08/11/08--01030--024 \*\*125.00

2008 SEP 12 P 3 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Troy M. Williams  
c/o The Bottom Line  
2255 Glades Road #28  
Boca Raton, Florida 33431*

August 01, 2008

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

**FILED**  
2008 SEP 12 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: TGW Paradise Travel, LLC  
Fed I.D. #26-3093632

Attached please find the executed Articles of  
Organization and check in the amount of \$125.00.

Name: Troy M. Williams, MGRM  
c/o The Bottom Line  
2255 Glades Road #28  
Boca Raton, FL 33431

Daytime Phone: 561-313-9149

Regards,

Troy M. Williams, MGRM  
TGW Paradise Travel, LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2008

TROY M. WILLIAMS  
2255 GLADES ROAD #28  
BOCA RATON, FL 33431

SUBJECT: TGW PARADISE TRAVEL, LLC  
Ref. Number: W08000037888

We have received your document for TGW PARADISE TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 808A00045710

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TGW Paradise Travel, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy M. Williams

(Name of Person)

c/o The Bottom Line

(Firm/Company)

2255 Glades Road #28

(Address)

Boca Raton, Florida 33431

(City/State and Zip Code)

FILED  
2008 SEP 12 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon K. Williams at ( 954 ) 410-1128  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TGW Paradise Travel, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2255 Glades Road #28  
Boca Raton, Florida 33431

**Mailing Address:**

2255 Glades Road # 28  
Boca Raton, Florida 33431

FILED  
2008 SEP 12 P 3 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

~~The Bottom Line~~

Name

SKW Accounting & BOOKKEEPING  
SERVICES CORP

2255 Glades Road #28

Florida street address (P.O. Box **NOT** acceptable)

5181A

Boca Raton, FL 33431

City, State, and Zip

THE Bottom Line

*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

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Troy M. Williams

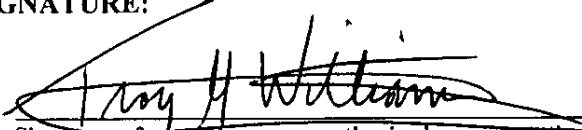
c/o The Bottom Line

2255 Glades Road, Boca Raton, FL 33431

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2008 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than 90 business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Troy M. Williams

Typed or printed name of signee

**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)