## L10000105941

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special instructions to	Filing Officer:	

Office Use Only



200186380542

10/08/10--01012--012 \*\*130.00

SECRETARY OF STATE OF CORPORATION

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: TNW Solutions, LLC	
		ted Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
·	Tyre Weaver	
		Name of Person
	TNW Solutions, LLC	
		Firm/Company
	365 Brantley Harbor Dr.	
		Address
;	St. Augustine, FL 32086-182	0
		ty/State and Zip Code
-	tyreweaver@comcast.net  E-mail address: (to be used	for future annual report notification)
For fur	ther information concerning this matter, pleas	ee call:
Tyre	Weaver	at (904 ) 460-2340
	Name of Person	Area Code & Daytime Telephone Number
Enclos	red is a check for the following amount:	
\$125.00	Filing Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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:
TNW Solutions, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
365 Brantley Harbor Dr.	365 Brantley Harbor Dr.
St. Augustine, FL 32086-1820	St. Augustine, FL 32086-1820
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Tyre Weaver	
Na	
365 Brantley Ha	arbor Dr.
Florida street	address (P.O. Box NOT acceptable)
St. Augustine	FL 32086-1820
City,	State, and Zip

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Nan A. Weaver
	365 Brantley Harbor Dr.
	St. Augustine, FL 32086
(Use attachment if necessary)	
LFV. Effective data if other than	the date of filing: (OPTIONA
fective date is listed, the date mus	t be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	·
	,
	1, 200, 10

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)

Tyre Weaver

Typed or printed name of signee