

Division of Corporations

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C10000112251

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
Phone : (239) 657-4418
Fax Number : (239) 657-4278

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FLORIDA LIMITED LIABILITY CO.
TCW ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
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OCT 28 2010

EXAMINER

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ARTICLES OF ORGANIZATION
OF
TCW ENTERPRISES, LLC

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The undersigned members hereby certify that the undersigned members of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be TCW ENTERPRISES, LLC

ARTICLE II

The street address of the principal office of this limited liability company shall be 1400 N 15th Street, Immokalee, Florida 34142, and the mailing address shall be P.O. Box 970, Immokalee, FL 34143.

ARTICLE III

DURATION

This limited liability company shall exist until January 31, 2040, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(239) 657-4418
Florida Bar No. 103581

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ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the managing members are as follows:

Curtis D. Blocker, Sr.
P.O. Box 970
Immokalee, FL 34143

ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida, on October 27th, 2010.


CURTIS D. BLOCKER, SR.

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 27th day of October, 2010, by CURTIS D. BLOCKER, SR., who is ☒ personally known to me or ☐ who has produced _____ as identification.




NOTARY PUBLIC
Name: _____

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TCW ENTERPRISES, LLC
2. The name and address of the registered agent and office is:

CURTIS D. BLOCKER, SR.

(Name)

301 N 15th Street

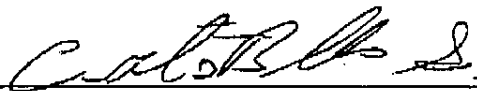
(P.O. Box not acceptable)

Immokalee, Florida 34142

(City/State/Zipcode)

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Having been named as registered agent and to accept service of process for the above state corporation 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.



(Signature)

10/27/10

(Date)

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