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SECRETARY OF STAFF

COVER LETTER

TO:	Registration Section Division of Corporations	,
SUBJ	ECT: TSC Marketing, LLC	ed Liability Company
	Name of Emily	Cu Elability Company
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Scott Hayworth	
		Name of Person
	TSC Marketing, LLC	
	•	Firm/Company
	717 NE 12th Terrace, Apt. 3	
		Address
i	Boynton Beach, Florida 33435	y/State and Zip Code
	T bowser 30/	Me.com for future annual report notification)
	E-mail address: (to be used)	for ruture annual report notification)
For fu	rther information concerning this matter, please	e call:
Scott	: Hayworth	_at (561) 310-0432
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	
[2]\$125 A	0 Filing Fee \$\int\\$130.00 Filing Fee &	T\$155.00 Eiling Foo & T\$160.00 Eiling Foo
V \$125.0	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
	Solving of Same	(additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	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	:	
TSC Marketing, LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
717 NE 12th Terrace, Apt. 3	717 NE 12th Terrace,	Apt. 3
Boynton Beach, FL 33435	Boynton Beach, FL 33	435
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Thomas Bowser		
Name	e	
10845 North Dogwood Tr	ail	
Florida street ac	idress (P.O. Box NOT acceptable))
Jupiter	FL33478	
City, S	tate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby acce ity. I further agree to comply performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
Registered Agent's Signa	ature (REQUIRED)	12 NAR -9 SECRETAR FALLAHASS
(CONTIN	NUED)	

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	Thomas Bowser
	10845 North Dogwood Trail
	Jupiter, FL 33478
MGR	Scott Hayworth
	717 NE 12th Terrace, Apt. 3
	Boynton Beach, Florida 33435
	
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.	r than the date of filing: 03/05/20/2 . (OPTION e must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: 03/05/20/2 (OPTION e must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: 03/05/20/2 . (OPTION e must be specific and cannot be more than five business d
fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE Signature o (In accordance with seconstitutes an affirm I am aware that any	than the date of filing: $\frac{03/05/20/2}{0.5/20/2}$. (OPTION e must be specific and cannot be more than five business deci-

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)