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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK

JUL - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations												
SUBJECT: TLC Family Footcare,	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:												
						lan Holder	lan Holder Name of Person					
							3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4					
	Firm/Company											
1053 Laguna Springs Dr	72											
1053 Laguna Springs Dr	Address											
Weston, Florida, 33326	tv/State and Zip Code											
ianholder59@gmail.com	EG E											
	for future annual report notification)											
For further information concerning this matter, pleas	e call:											
lan Holder												
Name of Person	at (786) 3644604 Area Code & Daytime Telephone Number											
Enclosed is a check for the following amount:												
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee &	\$155.00 Filing Fee & \$\int \\$160.00 Filing Fee, Certified Copy Certificate of Status &											
Certificate of Status	Certified Copy Certificate of Status & Certified Copy											
	(additional copy is enclosed)											
Mailing Address	Street/Courier Address											
Registration Section Division of Corporations	Registration Section Division of Corporations											
P.O. Box 6327	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 Li	imited Liability Co	ompany is:	
TLC Family	Footcare, L.	LC.	
(Mı	ast end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address		s of the principal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
1053 Laguna Sprin Weston, Florida	gs Dr	1053 Laguna Springs Dr Weston, Florida	
33326	· · · · · · · · · · · · · · · · · · ·	33326	
•	Florida registration Florida street addre lan Holder	ess of the registered agent are:	12 JUL -5
•	1053 Lagur	na Springs Dr	OF S
	Florie	da street address (P.O. Box <u>NOT</u> acceptable)	1685 14:5
	Weston	_{FL} 33326	ÜΑ. S
		City, State, and Zip	
liability compar registered agent ar statutes relating t	ny at the place design ad agree to act in th to the proper and co	ent and to accept service of process for the gnated in this certificate, I hereby accept is capacity. I further agree to comply we complete performance of my duties, and I of as registered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGR"	lan Holder
	1053 Laguna Springs Dr
	Weston, Florida, 33326
	No. 1
	AH. UL
	(C. 500 (8)
	<u>ς</u> . ω
(Use attachment if necessary	
(Ose anaeminent it necessary	'
LEV: Effective date, if other	
fective date is listed, the date days after the date of filing.	must be specific and cannot be more than five business day
days after the date of ining.	
	•
REQUIRED SIGNATURE	/ , .

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)