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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORINA

[N12-53002

J. BRYAN

OCT 25 2012

EXAMINER

112A-25489

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: TLC T	ans DBA Uptowi	n Tans	
SUBJECT:	 	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
Tonya He	ershev		
		Name of Person	
		Firm/Company	
		Time Company	
3065 W N	lichigan Ave	Address	7.0
		Autress	SECRETIVES FALLAHIASS
Pensacola,			
	Ciţ	y/State and Zip Code	
*	E-mail address: (to be used f	or future annual report notification)	PR 3: 1
For further information of	oncerning this matter, please	call:	3: 18 TATE ORIO
Tonya Hershey		at (660) 6766054	Þ
Name o	f Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	00 Filing Fee, cate of Status & ed Copy mal 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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

TONYA HERSHEY 3065 W MICHIGAN AVE PENSACOLA, FL 32526

SUBJECT: TLC TANS

Ref. Number: W12000053002



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

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 15, 2012. Please amend your document accordingly.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 112A00025489

COVER LETTER

TO:	Registratio Division of	on Section Corporations		
SUBJE	ECT: TLC	CTans LLC _		
		Name of Limit	ed Liability Company	
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this mat	ter to the following:	
	Tonya l	Hershey		
		•	Name of Person	
			Firm/Company	
			rini/Company	261 32 1AL
	1428 S	ound Forest Dr	Address	- 2
			Address	T24
(Gulf Bree	eze Fl 32563	17: 0 1	
		Cti	ry/State and Zip Code	က် ကြွန်း ကြွန်း င
-		E-mail address: (to be used	for future annual report notification)	<u> </u>
For fur	ther informati	on concerning this matter, pleas	e call:	
Tony	a Hershe	у	at (660) 676-6054	
	Na	me of Person	Area Code & Daytime Telephone Number	•
Enclos	sed is a checl	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
		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 - Na	ıme:				
	Limited Liability Con	mpany is:			
TLC Tans I					
(N	fust end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A					
The mailing addre	ess and street address	s of the principal office of the Limited	Liability	y Con	npany is:
Principal Office	Address:	Mailing Address:			
3065 W Michigan	Ave				
Pensacola FL. 32	526				

(The Limited Liability		Registered Office, & Registered Agents own Registered Agent. You must designate an inc.)			
The name and the	Florida street addre	ss of the registered agent are:			
	Tonya Hershey	1	JAI 38	201	
		Name	CRE	30 3	$\neg \eta$
	1428 Sound	d Forest Dr	RETAR'I AHASSI	2012 OCT 24	
	Florio	da street address (P.O. Box NOT acceptable)	F. S.		П
	Gulf Breeze	_{FL} 32563	. 1	ား ယ	D
		City, State, and Zip	STATE LORID,	PH 3: 18	
liability comp	any at the place desig	nt and to accept service of process for the gnated in this certificate, I hereby accept is capacity. I further agree to comply w	he above t the app	stateo	ent as

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..

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Tonya Hershey 1428 Sound Forest Dr Gulf Breeze Fl 32563
**************************************	· · · · · · · · · · · · · · · · · · ·
	SE ORE I
	24 PH 3
(Use attachment if necessary)	ATE ORIUA
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Sund ?	Hernheur
<u>~</u>	er 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. 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.)

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)