

#L14000015794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 24 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 29 2014

~~1114 2585~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

CASEY STOVALL
9957 MOORINGS DR.
SUITE 302
JACKSONVILLE, FL 32257

SUBJECT: TC ENTERPRISES LLC
Ref. Number: W14000002585

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000102799 "TC ENTERPRISES INC".

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.

Karen A Saly
Regulatory Specialist II

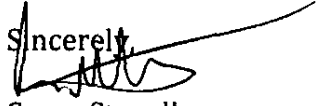
Letter Number: 114A00000925

January 7, 2014

Dear Sirs,

Please find attached my application for a Florida LLC. I can be reached at 904 657 9934 to answer any questions. Our office address is 9957 Moorings Dr. Suite 302, Jacksonville, FL. 32257. Thanks in advance for your assistance.

Sincerely,


Casey Stovall

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TC Enterprises 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:

Casey Stovall

Name of Person

TC Enterprises LLC

Firm/Company

9957 Moorings Dr. Suite 302

Address

Jacksonville, FL 32257

City/State and Zip Code

Caseywstovall@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Stovall

Name of Person

at **904** **657 9934**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 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:

~~TC Enterprises LLC~~ TC Enterprises Tax LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9957 Moorings Dr. Suite 302
Jacksonville, FL 32257

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James L. Pearce, Esq.

Name

9957 Moorings Dr

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32257
City Zip

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TALLAHASSEE, FLORIDA

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Casey Stovall

9957 Moorings Dr. Suite 302

Jacksonville, FL 32257

AMBR

Tim Horn

9957 Moorings Dr. Suite 302

Jacksonville, FL 32257

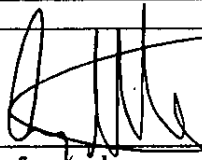
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NONE (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Casey Stovall

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)