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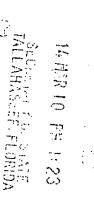
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J. Sinvers MAR 1 1 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TCG of SW FL_LLC Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	
Please return all correspondence concerning this ma	tter to the following:
Amanda McMahon	Name of Person
TCG of SW FL, LLC	
1000100112,220	Firm/Company
722 Theodore Vail St E	Address
Lehigh Acres, FL 33974	ty/State and Zip Code
amcmahon.brbr@gmail.com E-mail address: (to be used	
For further information concerning this matter, plea	
Amanda McMahon at (8 Name of Person	28) 312-2871 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 & □\$160.00 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:			
TCG of SW FL, LLC	iability Company, "L.L.C.," or "LLC.")		
(Musi end with the words Elithied E	nability Company, L.L.C., or LLC.		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
722 Theodore Vail St E Lehigh Acres, FL 33974	722 Theodore Vail St E Lehigh Acres, FL 33974		
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a)	ndividual	or
Amanda McMahon			
Name	à		-
722 Theodore Vail St E			
Florida street address (P.O. Box 1	NOT acceptable)		•
Lehigh Acres,	FL 33974	·	
City	Zip	5 5	
	the appointment as registered agent and a fall statutes relating to the proper and congations of my position as registered agent or 605, F.S	gree to act aplete perf	t in this Formance
Registered Agent's Signatu	re (REQUIRED)		

Page 1 of 2

(CONTINUED)

itle:	Name and Address:
MBR" = Authorized Member	
/IGR" = Manager	
IGR	Amanda McMahon
	722 Theodore Vail St E
	Lehigh Acres, FL 33974
	Editigit Morea, 1 E 00074
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V: Effective date, if other than the ive date is listed, the date must h	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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