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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Žip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF CHARACTER IN 11

UM 25 2014 J. HARRIS

COVER LETTER

	tion Section of Corporations		
SUBJECT: <u>TV</u> E		mited Liability Company	
The enclosed Artic	cles of Organization and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this n	natter to the following:	
<u>Tom I</u>	Rosser	Name of Person	and the Day of the Control of the Co
<u>TVR S</u>	Services LLC	Firm/Company	
<u>6768</u>	Flintwood St	Address	
<u>Navar</u>	re, FL, 32566	City/State and Zip Code	
tvrosser@va	hoo.com E-mail address: (to be use	ed for future annual report notifica	ntion)
For further informa	ation concerning this matter, ple	ease call:	
Tom Rosser		850) <u>736-7420</u>	
1	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check	k 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)
1	Mailing Address	Street/Courier Add	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
TVR Services LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6768 Flintwood St Navarre. Fl. 32566	6768 Flintwood St Navarre, FL, 32566
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or on.)
Tom Rosser	
Name	
6768 Flintwood St	
Florida street address (P.O. Box	x NOT acceptable)
Navarre	FL 32566
City	Zip
the place designated in this certificals, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance eligations of my position as registered agent as provided for in other 605, F.S
(CONTINU	JED)

Page 1 of 2

11 HIN OF PM In: I'M

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	(2777)
LE V: Effective date, if other than t fective date is listed, the date mus	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or
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LE V: Effective date, if other than to fective date is listed, the date must of filing.) LE VI: Other provisions, if any	the date of filing:
LE V: Effective date, if other than to fective date is listed, the date must of filing.) LE VI: Other provisions, if any REQUIRED SIGNATURE: (In accordance with seconds)	f a member or an authorized representative of a member.
E V: Effective date, if other than to dective date is listed, the date must of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE. Signature (In accordance with seconstitutes an affirmation I am aware that any false)	t be specific and cannot be more than five business days prior to or

Page 2 of 2

<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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