

# L14000134060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

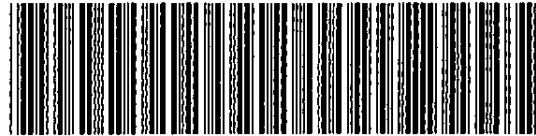
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/27/14--01001--004 \*\*130.00

RECEIVED  
14 AUG 26 PM 1:44  
DIVISION OF CORPORATION

FILED  
2014 AUG 26 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 27 2014

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

TPV, LLC		


**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Formation</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/26/2014

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Order#:  
**9254744**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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**ARTICLES OF ORGANIZATION**

**OF**

**TPV, LLC**

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**FILED**

2814 AUG 26 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the Revised Florida Limited Liability Company Act (the "*Act*"), as follows:

**NAME**

The name of the Company is: **TPV, LLC**

**MAILING ADDRESS AND STREET ADDRESS**

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

Attn: Ryan J Coyle, DLA Piper LLP (US)  
200 South Biscayne Blvd, # 2500  
Miami, FL 33131

**NAME AND ADDRESS OF THE SOLE MANAGER**

The name and address of the sole Manager of the Company is:

TPV Investments Ltd.  
Marcy Building, 2nd Floor  
Purcell Estate  
PO Box 2416  
Road Town, Tortola  
British Virgin Islands

**EXISTENCE**

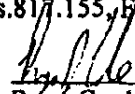
The Company's existence will commence upon filing.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office:

**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324

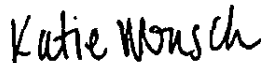
In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Ryan Coyle  
Authorized Representative of Member

**ACCEPTANCE BY REGISTERED AGENT**

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.



Asst. Secretary

**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324

Dated: August 20 2014

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2014 AUG 26 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA