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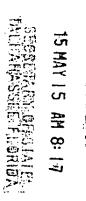
| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | me) |
| (D | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Division of C | | | | |
|-------------|-------------------------------|--|-----------------|---|--|
| SUBJEC | | ALES & CONSULTING, 1 | LLC | | |
| SUBJEC | 1 | Name of L | imited Liabil | ity Company | |
| The enclo | sed Articles | of Organization and fee(s) | are submitted | for filing. | |
| Please ret | um all corres | pondence concerning this r | natter to the f | following: | |
| | TERRI MA | ARIA HARRISON | | | |
| | | | Name of | Person | |
| | T & C SAI | LES & CONSULTING, LI | LC . | | |
| | | | Firm/Co | mpany | |
| | 3907 N FE | DERAL HIGHWAY - #12 | 28 | | |
| | | | Addr | ess | |
| | POMPAN | O BEACH, FL 33064 | | | |
| | TMHLHP@ | AOL.COM | City/State an | d Zip Code | |
| | | E-mail address: (to be use | d for future a | nnual report notificat | ion) |
| For further | information o | concerning this matter, plea | se call: | | |
| | TERRI M F | HARRISON at (| 954 | 263.6933 | |
| | Na | | Area Code | Daytime Telephon | ne Number |
| Enclosed | is a check for | the following amount: | | | |
| \$125.00 F | | \$130.00 Filing Fee & Certificate of Status | Certific | 0 Filing Fee & ed Copy al copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Maili | ing Address | | Street Address | |

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

| | E I - Name: | | | |
|-------------|---|-----------------------|----------------------------------|-------------|
| The name | of the Limited Liability Company is: | | | |
| | T & C SALES & CONSULTING, LLC | | | |
| | (Must end with the words "Limited Liab | ility Company, "L.L. | C.," or "LLC.") | _ |
| | E II - Address: ng address and street address of the principal office of | of the Limited Lighil | ity Company is: | |
| 114 114 | , , | A LIO DIMITO DIGOTI | • • • | |
| | Principal Office Address: | | Mailing Address: | |
| | 3907 N FEDERAL HIGHWAY # 128 | SAME | | |
| | POMPANO BEACH, FL 33064 | | | _ |
| | | • | | _ |
| | E III - Registered Agent, Registered Office, & Re ted Liability Company cannot serve as its own Regis | | | |
| | usiness entity with an active Florida registration.) | nerou rigone. rou m | aoi deoignate an marridan of | |
| The name | and the Florida street address of the registered agen | t are | | |
| The name | • | i aic. | | |
| | TERRI M HARRISON | | | |
| | Nan | ie | | |
| | 2941 NE 53 ST | D. MOT. | 1 | |
| | Florida street address (P.O | . Box NOT acceptat | ole) | |
| | LIGHTHOUSE POINT | FLORIDA | 33064 | |
| | City | State | Zip | |
| Having been | n named as registered agent and to accept service of p | process for the above | stated limited liability company | at the |
| | nated in this certificate, I hereby accept the appointment | | | |
| | e to comply with the provisions of all statutes relating with and accept the obligations of my position as reg | | | is ana i |
| | 1 | | | |
| | Jenim. H | | | |
| | Registered A | gent's Signature (RI | QUIRED) | വ 🚰 |
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| | | Page 1 of 2 | 三 | = |
| | | | . <u>"</u> (1) | • |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | TERRI MARIA HARRISON |
| | 2941 NE 53 ST |
| | LIGHTHOUSE POINT, FL 33064 |
| | CURVETORVER BULLVE VALBRACOV |
| MGR | CHRISTOPHER DUANE HARRISON |
| | 2941 NE 53 ST |
| | LIGHTHOUSE POINT, FL 33064 |
| | |
| | ,,,,, |
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| | <u>,</u> |
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| EV: Effective date, if other than the date of ctive date is listed, the date must be specifile.) the date inserted in this block does not me | of filing: MAY 14, 2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no |
| ctive date is listed, the date must be spec f filing.) | cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no |
| EV: Effective date, if other than the date of ective date is listed, the date must be specifiled.) the date inserted in this block does not menent's effective date on the Department of | cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no |
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ARTICLE IV-