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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thomas Tidue! L2C. 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:
Thomas Tidwell Name of Person
Firm/Company .
66 T, Baruick St. Address
City/State and Zip Code
City/State and Zip Code  Tidue   Thomas Cholmailicom
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Tiduel at (850) 519-7053  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$130.00 Filing Fee \$\times \text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{160.00 Filing Fee}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	ENO CO
ARTICLE I - Name: The name of the Limited Liability Company is:	15 JUL 21
Thomas Tidwell LLC	SECULATION AM 10: 2
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	ASSET PLOSE
ARTICLE II - Address:	NO INC.

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

Principal Office Address:	Mailing Address:
leleTBArwick 5t	46 TBArwick 5t
Panaces	Panaces Fl
F1 32346	32346

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:

Thomas Tidwell

Name

Lele T Barwick 5+

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

Panacea F 32346

City State Zip

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)

Page 1 of 2

AMBR" = Authorized Member	Name and Address:	
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