



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002556183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

7:08 FLORIDA LIMITED LIABILITY CO. TC PALM BEACH GARDENS LLC. Certificate of Status Certified Copy 0 Page Count 05 \$130.00 Estimated Charge

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name of	I - Name: f the Limited Liability (	Company is:			
_1	FC Palm Beach Garden	e LLC.			
	(Must and wit	h the words "Limited	Liability Cor	mpany, "L.L.C.," or "LLC.")	
	II - Address: address and street add	ress of the principal of	fice of the Li	mited Lisbility Company is:	
	<u>Principal</u>	Office Address:		Mailing Address:	
<u>8</u> 	3571 Higuera Street Cu	Iver City CA 90232		8571 Higuera Street Culver City CA	90232_
(The Limited another busi	III - Registered Agent d Liability Company ca iness entity with an acti d the Florida street add	nnot serve as its own i ve Plorida registration	Registered A	Agent's Signature: gent. You must designate an individua	lor
		PARAC	ORP INC	DRPORATED	
	-		Name		
		155 Office Plaze	Drive. 1s	t Floor	
	-	Florida street address			
	<u>.</u>	Tallahassee	EL.	32301	
		City	State	Zip	,
place designat further agree t	ted in this certificate. I h to comply with the provi	ereby accept the appoi sions of all statutes rel	insment as req ating to the p	or the above stated limited liability con gistered agent and agree to act in this o roper and complete performance of my gent as provided for in Chapter 605, F	capacity. 1 duties, and I
		see a Register	ttached ed Agent's S	ignature (REQUIRED)	
			(CONTINU	ED)	
			Page 1 of	2	

IS OCT 26 AM 3: 13

SECRETARY STATE OF THE O

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR and MGR	Craig Albert
WHOM BID MOR	8571 Higuera Street Culver City CA 90232
AMBR and MGR	Jeff Weinstein 8571 Higuera Street Culver City CA 90232
	<u> </u>
EV: Effective date, if other than the detire date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or !
etive date is listed, the date must be f filing.) the date inserted in this block does no nent's effectivo date on the Departme	specific and cannot be more than five business days prior to or !  of meet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does not	specific and cannot be more than five business days prior to or !  of meet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or !  of meet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not sent's effective date on the Department's effective date on th	specific and cannot be more than five business days prior to or sometiment the applicable statutory filling requirements, this date will next of State's records.  The state's records.  The state's records.  The state of a member of state in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of States.
EV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not nearly effective date on the Department's effective date on th	specific and cannot be more than five business days prior to or to meet the applicable statutory filing requirements, this date will next of State's records.  The member of the authorized representative of a member, cuted in accordance with section 605,0203 (1) (b). Florida Statutes
CV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not the Department's effective date on the Department's effective date of a Signature of a This document is exert am aware that any first	pt meet the applicable statutory filing requirements, this date will next of State's records.  The state's records.  The state's records.  The state's records.  The state's records.

Page 2 of 2

## STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 10/26/15

ENTITY NAME: TC Paim Beach Gardens LLC.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary Paracorp Incorporated

Sharon Cose