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(Requestor's Name)	_
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(and the state of	
(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
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(Business Entity Name)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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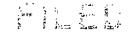
COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	TC Paddle & Watersports LLC		•	
SUBJEC	Name of	Limited Liab	ility Company	
The encl	osed Articles of Organization and fee(s)) are submitte	ed for filing.	
Please re	turn all correspondence concerning this	matter to the	e following:	
	Shannon Smith			,
		Name	of Person	
	TC Paddle a	nd L Firm/0	Uniter Spa	orts, LLC
	4606 Dunn Road			
		Ad	dress	
	Fort Pierce, FL 34981			
		•	and Zip Code	
	tcpaddleandwatersports@gmail.com E-mail address: (to be u		o annual rapart natific	otion)
	•		e annual report notifies	ation)
For furthe	r information concerning this matter, ple	ease call:		
	Shannon Smith	772 (678-1410	
	Name of Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LICert	5.00 Filing Fee & ified Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	v			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



16 FEB 16 PM 12: 45

TC Paddle & Watersports LLC	TC	Paddle a	& V	Vaters	ports	LLC
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") SECRE WART OF STATE TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

<u>Prir</u>	cipal Office Address:		Mailing Address:
555 NE OCEAN	BLVD	460	6 DUNN ROAD
STUART, FL. 34	4956	FOI	RT PIERCE, FL. 34981
ne name and the Florida str	reet address of the registered SHANNON SMITH	agent are:	
ne name and the Florida str	Ť	agent are:	
ne name and the Florida str	Ť		
ne name and the Florida str	SHANNON SMITH	Name	cceptable)
ne name and the Florida str	SHANNON SMITH 4606 DUNN ROAD	Name	cceptable)

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 polition as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	SHANNON L. SMITH
	4606 DUNN ROAD
	FORT PIERCE, FL. 34981
AMBR	CLEN A SMITH
AWDK	GLEN A. SMITH 4606 DUNN ROAD
	FORT PIERCE, FL. 34981
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