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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : WADE F. JOHNSON, JR., P.A.

Account Number : 120000000157

Phone : (407) 859-2388

Fax Number : (407) 429-3825

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

Email Address: NICK @ SNOWFLORIDA.COM

FLORIDA LIMITED LIABILITY CO.

T & C FAMILIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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16 JUN 23 PM 4:23

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
T & C FAMILIES, LLC**

16 JUN 23 AM 10:28
DEPARTMENT OF REVENUE
STATE OF FLORIDA

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Revised Limited Liability Company Act (Florida Statutes Chapter 605).

**ARTICLE I.
NAME**

The name of this limited liability company is T & C FAMILIES, LLC ("Company").

**ARTICLE II.
COMMENCEMENT OF COMPANY EXISTENCE AND DURATION**

The Company shall exist from the date of filing these Articles with the Department of State and the duration of its existence shall be perpetual.

**ARTICLE III.
MAILING ADDRESS AND STREET ADDRESS**

The Company's mailing address is 2861 Stagecoach Rd., St. Cloud, FL 34744. The Company's street address is the same.

**ARTICLE IV.
REGISTERED OFFICE AND AGENT**

The name of the initial registered agent of the Company is Wade F. Johnson, Jr. The street address of the initial registered agent of the Company is 4255 Tidewater Dr, Orlando, FL 32812.

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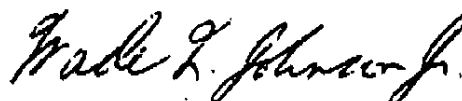
**ARTICLE V.
MANAGEMENT OF THE COMPANY**

The Company shall be a manager-managed Company. The name and address of the manager of the Company is Charles N. Gross, III, 2861 Stagecoach Rd., St. Cloud, FL 34744.

**ARTICLE VI.
OPERATING AGREEMENT**

The members shall have the power to adopt, alter, amend, or repeal an operating agreement of the Company containing provisions for the operation and management of the affairs of the Company.

The undersigned executed these Articles of Organization effective as of the 23rd day of June, 2016.



Wade F. Johnson, Jr.
Authorized representative

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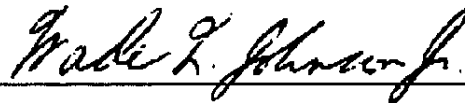
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is T & C FAMILIES, LLC.
2. The name and address of the registered agent and office is Wade F. Johnson, Jr., 4255 Tidewater Dr, Orlando, FL 32812.

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.

Dated this 23rd day of June, 2016.



Wade F. Johnson, Jr.
Registered Agent

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OF FLORIDA