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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE FLORIS

16 SEP 19 PH 3: 00



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2016

TAMMY L. GOMES 370 PRÉSTWICK CIRCLE UNIT 4 PALM BEACH GARDENS, FL 33418

SUBJECT: TLC INVESTMENTS, LLC

Ref. Number: W16000064911

We have received your document for TLC INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is.

H83217

Please return your document, along with a copy of this letter, within 60 days or wyour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 616A00020173

www.sunbiz.org

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16 OCT -3 PH 2: 52

2016 SEP 19 PH 3:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 77.C / Name of Lin	ments LLC mited Liability Company
The enclosed Articles of Organization and fee(s) at	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Tanny L. G	Name of Person
	Firm/Company
370 Prestwick	Circle Unit 4
Palm Beach G	City/State and Zip Code A HOND & COM I for futfre annual report notification)
For further information concerning this matter, pleas	e call:
Tammy Gomes at (561 373-4740 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Ft. 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
370 Pristwick Circle	came_
Unit 4	
PalmBeachGardens, FL 33418	0

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:

Name

370 Prestwick Circle with

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

Palma Beach Frond and Fl. 3344

PalmBeach Gardens FL 33418
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..

(CONTINUED)

Page 1 of 2

2016 SEP 19 FH 3: 00

AMBR" = Authorized Member MGR" = Manager	Name and Address:
יייייייייייייייייייייייייייייייייייייי	
4016K	Tanny L. Gomes
7 740	370 Prestwick Circle Unit
	Palm Beach Gardens, FL 33
	
	
Use attachment if necessary)	
Ose attachment if necessary)	
V: Effective date, if other than the date of fill	ing: (OPTIONAL)
EOUIRED SIGNATURE:	o d
REOUIRED SIGNATURE:	mus H_
Signature of a member	r or an authorized representative of a member.
Signature of a member This document is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a member This document is executed in I am aware that any false infor	accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
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