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.

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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

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number : (954)208-0845

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

Email	Address:			_
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## FLORIDA LIMITED LIABILITY CO. TBCG Development Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Requesting original filing date, 10-24-16. Thank you.

Electronic Filing Menu

Corporate Filing Menu

Help

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**	COVER LETTER
	Registration Section Division of Corporations
UBJEC	TBCG Development Group, LLC
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Tony T. Brown
	Name of Person
	T. Brown Consulting Group, LLC
	Firm/Company
	P.O. Box 10385
	Address
	Riviera Beach, Florida 33419
	City/State and Zip Code tbrown@tbrownconsultinggrp.com
	E-mail address: (to be used for future annual report notification)
or further	r information concerning this matter, please call:
	Tony T. Brown 904 407-3591
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
<b>\$</b> 125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
	ment Group, LLC			
(Musi	end with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited 1	Liability Company is:	
<u>Pr</u>	ncipal Office Address:		Mailing Add	lress:
95575 Burney I		9557:	Burney Road	
ARTICLE III - Registere	l Agent, Registered Office,	& Registered Agent	ia Island, FL 32034	
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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..

James Halpin
Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

6 OCT 25 AMII: 12

ARTICLE IV-

"MGR" = Manager  MGR  Tony T. Brown P.O. Box 10385  Riviera Beach, Florida 33419  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (Cettre date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will rament's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  This document is executed in accordance with section 605.0203 (1) (b), Florida Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Signature of a member of the constitution of State or Brown or Brow	Title:		Name and Address:	
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