

10/24/2016

# L16000195797

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
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: \_\_\_\_\_

FILED  
16 OCT 25 AM 11:12  
TALLAHASSEE, FLORIDA

**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

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OCT 26 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TBCG Development Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return 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)

For further information concerning this matter, please call:

Tony T. Brown

904

407-3591

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
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 Liability Company is:

TBCG Development Group, LLC

(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:95575 Burney RoadAmelia Island, FL 3203495575 Burney RoadAmelia Island, FL 32034

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

C T Corporation System

Name

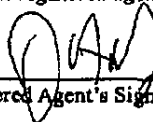
1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFlorida33324

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..*


**James Halpin****Assistant Secretary**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**The name and address of each person authorized to manage and control the Limited Liability Company:**

**MGR**

Riviera Beach, Florida 33419

**ARTICLE VI: Other provisions, if any.**

ATURE:  
Tony T. R

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Tony T. Brown  
Typed or printed name

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**

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16 OCT 25 AM 11:13  
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a Statutes.  
nt of State