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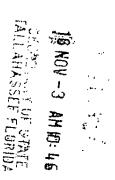
| (Re | questor's Name) | · |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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11/8/16

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| $T\alpha > 0$ |
| SUBJECT: TCW REO 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: |
| Tom Carr |
| Name of Person |
| |
| Firm/Company |
| 22220 be il le se Tri |
| ad889 Southshore Drive |
| |
| Land O Lakes Fl 34639 City/State and Zip Code |
| perbreatean e amail com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| Christopher Williams at (813) 817.4759 Name of Person Area Code Daytime Telephone Number |
| 2.0, |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$160.00 Filing Fee, \text{Certificate of Status & Certified Copy} \\ (additional copy is enclosed) |
| Mailing Address Street Address |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| (Must | end with the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") | |
|---|---|---|--------------|
| ARTICLE II - Address: The mailing address and stre | et address of the principal office of | of the Limited Liability Company is: | |
| <u>Pri</u> | ncipal Office Address: | Mailing Address: | |
| <u>830 W.</u> Tampa | 116th Ave FI 33612 | 22829 Southdrage | D- 34639 |
| | | | |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Register and cannot serve as its own Registant an active Florida registration.) | stered Agent. You must designate an individual or | 15 NOV -3 |
| (The Limited Liability Companother business entity with | oany cannot serve as its own Regis an active Florida registration.) | t are: | NOV -3 AM 10 |
| (The Limited Liability Companother business entity with | pany cannot serve as its own Registant active Florida registration.) reet address of the registered agent | t are: | - ×. |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|---|--|--------------------|
| "MGR" = Manager AMBR | Ton Carr 12839 Southdrase Do Land O Lates Fl 3 | H639 |
| AMBR | Christopher Williams 120 W. 110th Ave. 120mpa Fl 33612 | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| e of filing.) | ng: (OPTION) and cannot be more than five business days prion ne applicable statutory filing requirements, this date | to or 90 days a |
| e of filing.) | and cannot be more than five business days prior ne applicable statutory filing requirements, this date | to or 90 days a |
| e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States | and cannot be more than five business days prior ne applicable statutory filing requirements, this date | to or 90 days a |
| e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. | to or 90 days a |
| REOUIRED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false inform | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. The contact of a member of a m | e will not be list |
| REOUIRED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false inforcement at this degree felon. | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida is mation submitted in a document to the Department may as provided for in s.817.155, F.S. | Statutes. |
| REOUIRED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false inforcement at this degree felon. | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida is mation submitted in a document to the Department may as provided for in s.817.155, F.S. | e will not be list |
| REOUIRED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false infort constitutes a third degree felon Toro Cax Typ | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida is mation submitted in a document to the Department may as provided for in s.817.155, F.S. Toriginal section for the department of the de | Statutes. |
| REOUIRED SIGNATURE: Signature of a member This document is executed in 1 am aware that any false inforcement at this degree felon. | and cannot be more than five business days prior the applicable statutory filing requirements, this date te's records. Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida is mation submitted in a document to the Department may as provided for in s.817.155, F.S. Toriginal section for the department of the de | Statutes. |

ARTICLE IV.—
The name and address of each person authorized to manage and control the Limited Liability Company: