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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T & JCF, LLC	
SUBJEC		mited Liability Company
The enclo	osed Articles of Organization and fee(s) a	re submitted for filing.
Please re	turn all correspondence concerning this n	natter to the following:
	Ann Black	
		Name of Person
	Smith, Thompson, Shaw, Minacci, Co	olon & Power, P.A.
		Firm/Company
	3520 Thomasville Road, Fourth Floo	
		Address
	Tallahassee, FL 32301	
	cathomp@embarqmail.com	City/State and Zip Code
	<u></u>	d for future annual report notification)
For further	r information concerning this matter, plea	se call:
		850 893-4105
	Name of Person	Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	
	Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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, El. 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF T & JCF, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is **T & JCF**, **LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing of the business in Florida for the Company is: **6863 Proctor Road**, **Tallahassee**, **Florida 32309**. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is: **6863 Proctor Road, Tallahassee, Florida 32309**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: <u>SUSAN S. THOMPSON</u> and the initial, registered office is located at 6863 Proctor Road, Tallahassee, Florida 32309.

7. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Lex C. Thompson 6863 Proctor Road Tallahassee, Florida 32309

Thomas M. Larson 3470 Rustlewood Lane Tallahassee, FL 32312

EXECUTED at Tallahassee, Leon County, Florida this _____ day of November, 2016.

LEX C. THOMPSON

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, 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 & JCF, LLC.**
- 2. The name of the registered agent and office is: <u>SUSAN S. THOMPSON</u> and the initial, registered office is located at **6863 Proctor Road, Tallahassee,** Florida **32309**.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

SUSAN S. THOMPSON, Registered Agent

SECURE FACTOR OF STATE OF A STATE