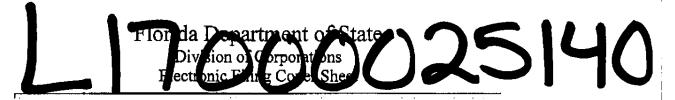
Division of Corporations

Page 1 of 2



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.

(((H17000026123 3)))



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:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

Phone : (845) 425-0077

Fax Number

: (845)818-3588

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

FLORIDA LIMITED LIABILITY CO.

TCA Cresent Construction Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICULA OF ORGANIZATION CONTENSION	DALEMINISTER CONTINUES
ARTICLE 1 - Name: The name of the Limited Liability Company is:	★
* **	
TCA Cresent Construction Company, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office of <u>Principal Office Address</u> :	The Limited Liability Company is: Mailing Address:
19950 West Country Club Drive, Suite 101	19950 West Country Club Drive, Suite 101
Aventura, FL 33180	Aventura, FL 33180
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Regist	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Vcorp Services, LL	<u> </u>	
	Name	
5011 South State Ro	oad 7, Suite 106	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Davie	FL	33314
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)

(egistered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
MGR" = Manager	
MGR	Alyce Schreiber
	19950 West Country Club Drive, Suite 101
	Aventura, FL 33180
4OP	Michael Fasci
MOR	19950 West Country Club Drive, Suite 101
	Aventura, FL 33180
	111011011111111111111111111111111111111
Jse attachment if necessary)	
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