

L17 000059589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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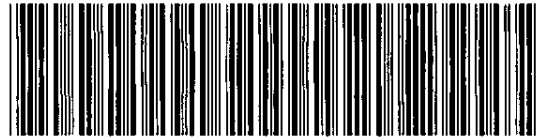
(Business Entity Name)

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C. GOLDEN

MAR 16 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 557340 4305390

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 15, 2017

ORDER TIME : 9:53 AM

ORDER NO. : 557340-010

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: TVD INVESTMENTS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

2017 MAR 15 PM 4:08  
TALLAHASSEE, FL  
CORPORATION SERVICE COMPANY

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STATE OF FLORIDA  
TALLAHASSEE

**ARTICLES OF ORGANIZATION  
OF  
TVD INVESTMENTS, LLC**

To: The Secretary of State  
State of Florida

The undersigned, for the purposes of forming a limited liability company pursuant to the provisions of s.605, of the Florida Statutes, does hereby execute the following Articles of Organization:

ARTICLE I: Name of the limited liability company:

TVD INVESTMENTS, LLC

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is 2600 South Ocean Blvd, Apartment LPHD, Boca Raton, Florida 33432.

ARTICLE III: Registered Agent Name & Address: The address of the limited liability company's initial registered office is 2600 South Ocean Boulevard, Apartment LPHD, Boca Raton, Florida 33432. The name of the limited liability company's registered agent is Holly A. Daula

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.

  
Holly A. Daula

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

MGR

Holly A. Daula  
2600 South Ocean Boulevard, Apartment  
LPHD, Boca Raton, Florida 33432

AMBR

Holly A. Daula  
2600 South Ocean Boulevard, Apartment  
LPHD, Boca Raton, Florida 33432

ARTICLE V: The undersigned represents that this limited liability company has one (1) or more members.

The undersigned represents that this filing complies with the requirements detailed in s. 605.0203(1)(b) of the Florida Statutes. The undersigned hereby attests that he is authorized to sign this certificate on the limited liability company's behalf. I am aware that any false information submitted in a documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: *March 15, 2017*

*Holly A. Daula*  
Holly A. Daula

2017 MAR 15 PM 4:09  
STATE OF FLORIDA  
DEPARTMENT OF STATE