L11000111841

	_	
(Req	uestor's Name)	
(Add	ress)	
	ress)	
(1.00		
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
·	·	,
	ument Number)	
()	ament Namber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
opeoiar mondenono to t	ining Cirioci.	
		1
]
L		

Office Use Only



800302705188

08/18/17--01013--005 **125.00

17 AUG 18 AM 10: 01

" 0/2//2

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJI	TEW Acquisitions, LLC
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jennifer E. Zakin, Esq.
	Name of Person
	Redgrave & Rosenthal LLP
	Firm/Company
	120 E. Palmetto Park Road, Suite 400
	Address
	Boca Raton, Florida 33432
	City/State and Zip Code jzakin@redgraveandrosenthal.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call;
	Jennifer E. Zakin, Esq. 561 347-1700
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
S 125.0	0 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TEW Acquis	itions, LLC			
	ist contain 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 1	Liability Company is:	
<u>F</u>	rincipal Office Address:		Mailing Address:	
	n Blvd., #1002 ch, Florida 33062		S. Ocean Blvd., #1002	
ARTICLE III - Register	ed Agent. Registered Office	& Registered Agent	ano Beach, Florida 33062	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent. Registered Office	. & Registered Agent n Registered Agent. Y on.)	's Signature: ou must designate an individual or	7. AUG
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office empany cannot serve as its ow ith an active Florida registrati	. & Registered Agent n Registered Agent. Y on.) d agent are:	`s Signature: ou must designate an individual or ☐ ☐ ☐ ☐	7. AUG 18
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office impany cannot serve as its ow ith an active Florida registrati street address of the registere	. & Registered Agent n Registered Agent. Y on.) d agent are:	`s Signature: ou must designate an individual or ☐ ☐ ☐ ☐	7. AUG 18
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office impany cannot serve as its ow ith an active Florida registrati street address of the registere Jennifer E. Zakin, E	. & Registered Agent n Registered Agent. Y on.) d agent are: sq.	's Signature: ou must designate an individual or	AUG 18 AM
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office empany cannot serve as its ow ith an active Florida registrati street address of the registere <u>Jennifer E. Zakin, E</u>	. & Registered Agent n Registered Agent. Y on.) d agent are: sq.	's Signature: ou must designate an individual or	AUG 18 AM
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office empany cannot serve as its ow ith an active Florida registrati street address of the registere <u>Jennifer E. Zakin, E</u>	A Registered Agent. Yon.) d agent are: Sq. Name	's Signature: ou must designate an individual or	AUG 18 AM 10:

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-P.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:		Name and Address:
'AMBR" = Author		
MGR" = Маладе	r	
Tom E. Walker		1401 S. Ocean Boulevard, #1002
		Pompano Beach, Florida 33062
		
		
		
		
V: Effective date	, if other than the date of	filing: (OPTIONAL)
filing.) he date inserted in	, if other than the date of , the date must be speci	office and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will be
V: Effective date tive date is listed, filing.) he date inserted in ent's effective date	this block does not medee on the Department of	office and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will be
V: Effective date tive date is listed, filing.) ne date inserted in	this block does not meet on the Department of ons, if any.	office and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will be
V: Effective date tive date is listed, filing.) he date inserted in ent's effective date. VI: Other provision	this block does not mede on the Department of ons, if any. Signature of a mem	et the applicable statutory filing requirements, this date will restate's records.
V: Effective date tive date is listed. filing.) e date inserted in ent's effective date VI: Other provision EQUIRED SIGN	s, if other than the date of the date must be special this block does not mede on the Department of ons, if any. Signature of a memis document is executed	et the applicable statutory filing requirements, this date will restate's records. State's records.
V: Effective date tive date is listed, filing.) e date inserted in ent's effective date. VI: Other provision EQUIRED SIGN	i, if other than the date of the date must be special this block does not medie on the Department of ons, if any. Signature of a memis document is executed a aware that any false in	et the applicable statutory filing requirements, this date will restate's records. State's records.
V: Effective date tive date is listed, filing.) the date inserted in ent's effective date. VI: Other provision to the course SIGN This is an entire that is	i, if other than the date of the date must be special this block does not medie on the Department of ons, if any. Signature of a memis document is executed a aware that any false in	et the applicable statutory filing requirements, this date will restate's records. State's records. Description of a member
V: Effective date tive date is listed, filing.) are date inserted in ent's effective date. VI: Other provision. EQUIRED SIGN.	s, if other than the date of the date must be special this block does not medie on the Department of ons, if any. NATURE: Signature of a memis document is executed a aware that any false in stitutes a third degree for	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statile formation submitted in a document to the Department of San ellony as provided for in s.817.155, F.S.
V: Effective date tive date is listed, filing.) he date inserted in ent's effective date. VI: Other provision. EQUIRED SIGN.	s, if other than the date of the date must be special this block does not medie on the Department of ons, if any. Signature of a memis document is executed a aware that any false in stitutes a third degree for the transfer of the transfe	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statile formation submitted in a document to the Department of San ellony as provided for in s.817.155, F.S.
V: Effective date tive date is listed, filing.) he date inserted in ent's effective date VI: Other provision. EOUIRED SIGN This is an entire the contract of	s, if other than the date of the date must be special this block does not medie on the Department of ons, if any. Signature of a memis document is executed a aware that any false in stitutes a third degree for the transfer of the transfe	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statile formation submitted in a document to the Department of San ellony as provided for in s.817.155, F.S.
V: Effective date tive date is listed, filing.) ne date inserted in ent's effective date VI: Other provision EQUIRED SIGN This is an	s, if other than the date of the date must be special this block does not medie on the Department of ons, if any. Signature of a memis document is executed a aware that any false in stitutes a third degree for the transfer of the transfe	et the applicable statutory filing requirements, this date will restate's records. Determine the applicable statutory filing requirements, this date will restate's records. Determine the applicable statutory filing requirements, this date will restate a formation authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statistic formation submitted in a document to the Department of Statistic formation approvided for in s.817.155, F.S.

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)