# 4800006370

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	New Filing Section Division of Corporations		
SUBJEC	TCM MANAGES, LLC		
BODGLO		d Liability Company	
The enclo	osed Articles of Organization and fee(s) are st	abmitted for filing.	
Please ret	eturn all correspondence concerning this matte	r to the following:	
	JAMES E WILLIS ESQ		
		Name of Person	
	WILLIS & DAVIDOW		
		Firm/Company	
	851 5TH AVE N #301		
		Address	
	NAPLES FL 34102		
	City JWILLIS@WILLISDAVIDOW.COM	State and Zip Code	
	E-mail address: (to be used fo	future annual report notifical	tion)
For further	r information concerning this matter, please ca	dt:	
	JIM WILLIS 239	435-0094	
		Code Daytime Telephor	ne Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filing Fee, 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - Name:

The name	of the Limited Liabilit	y Company is:			
	TCM MANAGES, L	LC			
			Liability Con	npany, "L.L.C.," or "LLC.")	
	E II - Address: ng address and street a	ddress of the principal o	office of the L	imited Liability Company is:	
	Princip	al Office Address:		Mailing Ad	dress:
	1300 GULF SHORE NAPLES FL 34102	BLVD N #706		1300 GULF SHORE BLV NAPLES FL 34102	D N. #706
(The Limi another b	ted Liability Company usiness entity with an a	ent, Registered Office, cannot serve as its own active Florida registration	n Registered A	d Agent's Signature: Agent. You must designate an	individual or
		_			
		JAMES E WILLIS I	Name		
		851 5TH AVE N #3 Florida street addres		NOT acceptable)	
		NAPLES	FL See	34102	
		City	State	Zip	
olace desigr urther agre	nated in this certificate, e to comply with the pr	I hereby accept the app ovisions of all statutes t ligations of my positidu	pointment as rerelating to the as registered	for the above stated limited liegistered agent and agree to a proper and complete performagent as provided for in Chap  Signature (REQUIRED)	ct in this capacity. I unce of my duties, and
					,k Venit

# ARTICLE IV-

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

13 (23.20)	
AMBR" = Authorized Member	
"MGR" = Manager MGR	THOMAS C MACNALLY
WOK	1300 GULF SHORE BLVD N #706
	NAPLES FL 34102
Use attachment if necessary)	
ctive date is listed, the date must be spe filing.) he date inserted in this block does not m	of filing:
ctive date is listed, the date must be spendiling.)  the date inserted in this block does not materially a serifective date on the Department of the CVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not lof State's records.
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Signature of a me This document is executed a may a ware that any false constitutes a third degree  THOMAS C. MA S125.00 Filing Fee for Articles of Org S 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not of State's records.  BER AND THE SOLE MANAGER OF TCM MANAGES, LLC. GED LLC.  mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  CNALLY  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent