L19000111037

(Requestor's Name)				
(Address)				
(Address)				
(Ćity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500328874865

05/01/19--01008--009 **130.00

19 MAY - 1 P. P. T.

2019 HAY -1 PH 1: 08

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	CT: TCC Lawncay	imited Liability Company
The enc	closed Articles of Organization and fee(s)	are submitted for filing.
Please r	eturn all correspondence concerning this i	matter to the following:
	Clarence Hook	Name of Person
	1428 Balbo	
	Clarencehooks 55 E-mail address: (to be us	Address City/State and Zip Code Cyahoo, Com ed for future annual report notification)
For furth	er information concerning this matter, ple	ase call:
	Clarence Hooks at a	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
] \$125.00	0 Filing Fee Status Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			•
۸	RTICI	.F.1.	Name:

The name of the Limited Liability Company is:

TCC LaWhcare Seriv(e) LLC
(Must 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 Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another, business entity with an active Florida registration.)

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

Tample Houles

1428 Balboa Drive
Florida street address (P.O. Box NOT acceptable)

Tallalessee Fl. 323 us

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.

Dahuka Hwick
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Clarence Hwis manager	1428 Balbon Dr. Tallaha Steel Flonda 32355	
Tamile Hooks manager Sylvester Hooks manager	Taraka Hool (1428 Bulbon Dr. Tallahasser, Florid & 32305	Y ,
Sylvester Hux manager	1719 Hollon St. Trilanessee Flage 3224	
(Use attachment if necessary)		
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed	
ARTICLE VI: Other provisions, if any.	2019	
		-17
REQUIRED SIGNATURE:	-1 PH	, 17
Signature of a member or This document is executed in acc I am aware that any false informationstitutes a third degree felony:	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes ation submitted in a document to the Department of State is as provided for in s.817.155, F.S.	
Clarenge 1 Typed	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)