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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: yardmom3@aol.com

**FLORIDA LIMITED LIABILITY CO.
TCA BOYNTON, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

FEB 02 2021

T. SCOTT

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**ARTICLES OF ORGANIZATION
OF
TCA BOYNTON, LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is TCA BOYNTON, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

400 South Ocean Blvd
Villa 202A
Manalapan, FL 33462

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

By:


Philip M. DiCorio, Esq.

2021 JAN 29 AM 10:14
FILED
TALLAHASSEE, FL
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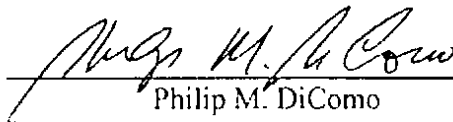
ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

<u>Title</u>	<u>Name and Address</u>
Manager	Thomas Clark Appleby 400 South Ocean Blvd Villa 202A Manalapan, FL 33462

Dated: January 29, 2021

REQUIRED SIGNATURE


Philip M. DiComo
Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)