## L21000069628

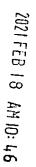
(Requ	restor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

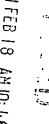
Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	Art of Inc. File
	LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy
	LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy
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	Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy
	L.C. File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
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	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy
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1	Certificate of Fictitious Name
1	Corp Record Search
	Officer Search
İ	Fictitious Search
5	Fictitious Owner Search
	Vehicle Search
	Driving Record
i by: SETH	UCC 1 or 3 File
Date Time	UCC 11 Search
Will Pick Up	UCC 11 Retrieval

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	lability Company is:			
	TD E	vent Manageme	nt, LLC	
(Mus	t contain the words "Limited	Liability Comp	iny, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and st	rect address of the principal	office of the Lim	ited Liability Company is:	
Po	incipal Office Address:		Mailing Address:	
8321 245th St. I Myakka City, F			321 245th St. East Ayakka City, PL 34251	<del></del>
		<u>-</u>	74 A City, 1 E 34231	
The name and the Florida s	treet address of the registered Blalock Walters, P.A.	_	·	
	802 11th Street West	,		
	Florida street addres	<del></del>	T acceptable)	
	Bradenton	FL	34205	
	City	State	Zip	
place designated in this certif further agree to comply with i	icate, I hereby accept the app the provisions of all statutes p	cointiment as registered ag	the above stated limited liability compa- stered agent and agree to act in this cape oper and complete performance of my du ent as provided for in Chapter 605, F.S mature (REQUIRED)	acity. I
		CONTINUE	(D)	

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MOR	T.I. Goelz 8321 245th St. East Mushka City, El. 34351
	8321 245th St. East Myakka City, FL 34251
MGR	David Handler 11235 Clayridge Drive
	Tampa, FL 33635
fective date is listed, the date mu	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 uses not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than fective date is listed, the date mu of filing.)  If the date inserted in this block dument's effective date on the Deput.  LE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 ones not meet the applicable statutory filing requirements, this date will not partment of State's records.
LE V: Effective date, if other than flective date is listed, the date must of filling.) If the date inserted in this block dominant's effective date on the Department's Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 ones not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block dument's effective date on the Department's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to br 90 ones not meet the applicable statutory filing requirements, this date will not sartment of State's records.
LE V: Effective date, if other than Tective date is listed, the date mu of filing.) if the date inserted in this block dument's effective date on the Dept. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur This document	ust be specific and cannot be more than five business days prior to or 90 ones not meet the applicable statutory filing requirements, this date will not partment of State's records.
LE V: Effective date, if other than Tective date is listed, the date must of filing.)  If the date inserted in this block dument's effective date on the Department's effective date on the Department's Council Signature.  Signature This document is an aware that	the of a member of an authorized representative of a member.  is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than Tective date is listed, the date mu of filing.)  If the date inserted in this block dument's effective date on the Dep LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur This document I am aware that constitutes a the	the of a member of an authorized representative of a member.  is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document of the Department of State ind degree felony as provided for in s.817.155, F.S.  T.J. Goelz. Manager  Typed or printed name of signee
LE V: Effective date, if other than flective date is listed, the date must of filing.)  If the date inserted in this block dominent's effective date on the Deporture of the Dep	pes not meet the applicable statutory filing requirements, this date will not partment of State's records.  T.I. Goelz. Manager  Typed or printed name of signee  Filing Fees:  less of Organization and Designation of Registered Agent