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PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docun	nent Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	
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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

Ŗ	EQ	UEST	DA	TE	4/6/2021

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 905412

ORDER ENTITY

TF EDDIE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TF EDDIE LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: tyler@tfholdco.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, April 6, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address: e mailing address and str		ce of the Limited Liability Company is: Mailing Address:	
e mailing address and str			
	ncipal Office Address:	Mailing Address:	
6010-A, Sandy		Mailing Address:	
	Springs Cir	6010-A, Sandy Springs Cir, Atlanta	
Atlanta, Georgia, 30328		Atlanta, Georgia, 30328	
name and the Florida st	n an active Florida registration. Treet address of the registered a	gent are:	
name and the Florida st	Incorporating Services,	gent are:	
e name and the Florida st	Incorporating Services, 1540 Glenway Drive	gent are:	
e name and the Florida st	Incorporating Services, 1540 Glenway Drive	gent are: Ltd. Vame	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Auth	Name and Address: orized Member
"MGR" = Manag	
Authorized Me	mber Max Feidelson 675 Ponce De Leon Ave NE, Atlanta, GA, 30308
Authorized Mer	Tyler Deane-Krantz 841 Inman Village Parkway NE, Atlanta, GA, 30307
(Use attachment i	`necessary)
If an effective date is liste he date of filing.) <u>Note:</u> If the date inserted	e, if other than the date of filing: [I, the date must be specific and cannot be more than five business days prior to or 90 days after this block does not meet the applicable statutory filing requirements, this date will not be listed ate on the Department of State's records.
<u>REOUIRED</u> SIG	NATURE: Jufferd
1	Signature of a member or an authorized representative of a member, his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, am aware that any false information submitted in a document to the Department of State possitiutes a third degree felony as provided for in s.817.155, F.S.
	Tyler Deane-Krantz
	Typed or printed name of signee

as

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)