L22000 103439

ill

(Req	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300382065193

*160.00 *16

COVER LETTER

	ew Filing Sectivision of Corp				
CHDIECT	TLC Inspira	ations Company, LLC			
SOBJECT	•	Name o	f Limited I	Liability Company	
The enclose	ed Articles of	Organization and fee(s) are subr	nitted for filing.	
Please retur	m all correspo	ndence concerning th	s matter to	o the following:	
	Tanisha Clax	ton			
			Na	ime of Person	
			Fi	rm/Company	
	13750 W Co	lonial Dr. Suite 350-1	19		
		<u> </u>		Address	
			City/S	tate and Zip Code	
	Winter Garder	<u> </u>			
	f	E-mail address: (to be	used for f	uture annual report notificati	on)
For further i	information co	ncerning this matter,	olease call	:	
	Tanisha Clax		407 at (692-1213	
	Nam	ne of Person	Area C		e Number
Enclosed i	is a check for t	he following amount:			
□\$125.00	0 Filing Fee	□\$130.00 Filing H Certificate of State	IS	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
The name of the islanted islash	ny company is			
TLC Inspirations Co	ompany, LLC			
(Must cor	tain the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limi	ted Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Ad	ldress:
13750 W. Colonial	Dr. Suite 350-119	<u>1</u> .	3750 W. Colonial Dr. Sui	te 350-119
Winter Garden, Flo		<u></u>	/inter Garden, Florida 34	787
		 _	· 	
ARTICLE III - Registered A	gent, Registered Office,	& Registered A	gent's Signature:	1 P Mada
(The Limited Liability Comparanother business entity with an			nt. You must designate an	individual or
·				
The name and the Florida stree	t address of the registered	d agent are:		
	Tanisha Claxton		<u></u>	
		Name		
	127 Windtree LN			. = ~
	Florida street address (P.O. Box NOT a		I acceptable)	929 مدر
	Winter	Florida	34787	
	City	State	Zip	24 SS
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the c	te, I hereby accept the app provisions of all statutes r	pointment as registed the pro- relating to the pro-	stered agent and agree to a per and complete perform	act in this capacity. <u> </u>
	A A Regis	Mai (1 stered Agent's Sig	gnature (REQUIRED)	

(CONTINUED)

"MGR" = Manager	ized Member	Name and Address:		
AMBR		Tanisha Claxton 127 Windtree Lane Winter, FL 34787		- -
				•
				-
				- -
(Use attachment if	-	0.711 0.044.0000	CONTIONIAL	
		ate of filing: 02/14/2022		
	, the date must be	specific and cannot be more than five t		
ffective date is listed e of filing.) If the date inserted in	, the date must be a this block does no	specific and cannot be more than five to t meet the applicable statutory filing req	uirements, tegate ate	
effective date is listed e of filing.) If the date inserted in cument's effective da CLE VI: Other provisi	this block does no te on the Departme	specific and cannot be more than five to the the applicable statutory filing required of State's records.		
effective date is listed e of filing.) If the date inserted in cument's effective da CLE VI: Other provision	this block does no te on the Departme	specific and cannot be more than five to t meet the applicable statutory filing req	puirements, the date 24 P	

Filing Fees:

Typed or printed name of signee

Tanisha Claxton