L22000 272349 Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

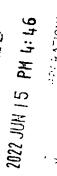
From:

Account Name : GINN & PATROU, PA Account Number : I20190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: jhermes@ginnpatrou.com

22 JUN 15 PM 12: 35 SEGRETARY OF STATE ALLAHASSEE, FLORID



FLORIDA LIMITED LIABILITY CO. TWP Holdings 4 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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TWP Holdings 4 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:

Principal Office Address:	Mailing Address:
512 Ocean Forest Drive	512 Ocean Forest Drive
St. Augustine, FL 32080	St. Augustine, FL 32080
	

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:

	Name	
460 A1A Beach Blv	d	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St. Augustine	FL	32080

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Tankersly & Wang Properties, LLC		
	512 Ocean Forest Drive St. Augustine. FL 32080		
	ot. Adeastine. 1 E 32000		
(If an effective date is listed, the date must be the date of filing.)	date of filing:	N	
ARTICLE VI. Outer provisions, it any.	min series and series are series and series are series and series and series and series and series and series		ļΠ
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REQUIRED SIGNATURE:	DA BOAT	35	
This document is ex I am aware that any	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.		
Jonathan Her	rmes. Esa		
y vana (10) 11(c)	Typed or printed name of signee		
	w		

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)

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