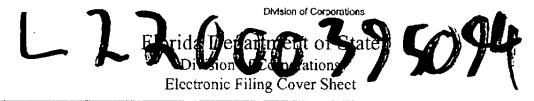
9/13/22, 2:23 PM



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.

(((H22000316875 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email:	Address:			
CMGTT	MULLESS:			

## FLORIDA LIMITED LIABILITY CO. TLG PREMIER SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TLG PREMIER SERVICES LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 10141 NW 23RD ST	Mailing Address:
	Mailing Address:
10141 NW 23RD ST	

TRACY GRANT

Name

10141 NW 23RD ST

Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065

State

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.

Tracy Grant
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP 13 AM 7: 38

To:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	TRACY GRANT
74MBR	10141 NW 23RD ST
	CORAL SPRINGS, FL 33065
·	
ective date is listed, the date must	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart.  EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on the De	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not be timent of State's records.  Tracy Grant  f a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on the De	s not meet the applicable statutory filing requirements, this date will not be timent of State's records.  Tracu Grant  ()  I a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

022 SEP 13 AM 7: 38