

L23000072130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

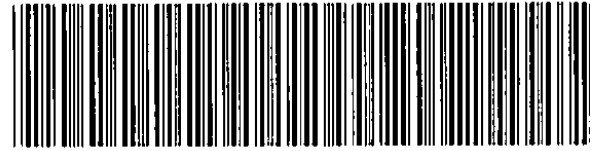
(Business Entity Name)

(Document Number)

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S. CHATHAM  
FEB 16 2023

SECRETARY OF STATE  
TALLAHASSEE, FL  
TALLAHASSEE, FL

2023 FEB 14 AM 8:09  
2023 FEB 14 PM 3:42

FILED RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2023

CORPORATION SERVICE COMPANY

SUBJECT: TIC MILLS, LLC  
Ref. Number: W23000020832

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for TIC MILLS, LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000474230.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 523A00003637

RECEIVED  
2023 FEB 15 PM 3:25  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 498662 4333422

AUTHORIZATION :



COST LIMIT : \$125.00

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ORDER DATE : February 14, 2023

ORDER TIME : 2:40 PM

ORDER NO. : 498662-005

CUSTOMER NO: 4333422  
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DOMESTIC FILING

NAME: TIC MILLS, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
ALFIES HOSPITALITY, LLC

2023 FEB 14 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FEB 14 2023

ARTICLE I

The name of this limited liability company is Alfies Hospitality, LLC.

ARTICLE II

The street address of the principal office of the Limited Liability Company is 17 West Pine Street, 2<sup>nd</sup> Floor, Orlando, FL 32801.

The mailing address of the Limited Liability Company is 17 West Pine Street, 2<sup>nd</sup> Floor, Orlando, FL 32801.

ARTICLE III

The name and Florida street address of the registered agent is Corporation Service Company, 1201 Hays St., Ste 200, Tallahassee FL 32301.

ARTICLE IV

The name and address of the person(s) authorized to manage and control the Company is Team Management Group, LLC, 17 West Pine Street, 2<sup>nd</sup> Floor, Orlando, FL 32801.

I am the Member or Authorized Representative submitting these Articles of Organization and affirm that the facts herein stated are true. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1 and May 1 in the calendar year following formation of the LLC and every year thereafter to maintain active" status.

DATED as of the 14th day of February, 2023.

/s/ Keith Mawardi  
Keith Mawardi  
Authorized Representative

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statute Section 605.0113, Alfies Hospitality, LLC submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is Alfies Hospitality, LLC.
2. The name and address of the registered agent and office is: Corporation Service Company, 1201 Hays St., Ste 200, Tallahassee, Leon County, FL 32301.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: February 14, 2023.

CORPORATION SERVICE COMPANY

  
Assistant Vice President

Name: Eylina Baker  
Title: Assistant Vice President

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL