

La3000241915

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

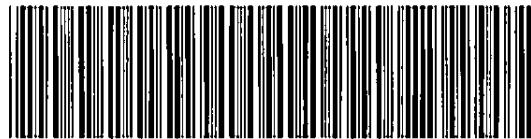
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
MAY 17 2023

2023 MAY 17 PM 3:39

ST. CLAIR  
CLERK'S OFFICE

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CLERK'S OFFICE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TWC Enterprises LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Diane Merritt  
Name of Person

\_\_\_\_\_  
Firm/Company

815 Ivey Dr.  
Address

Quincy FL 32351  
City/State and Zip Code

TWCenterprises37@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person      at {      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee       \$130.00 Filing Fee &  
Certificate of Status       \$155.00 Filing Fee &  
Certified Copy  
(additional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TWC miscellaneous Services 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:

815 Ivey Dr.  
Quincy FL 32351

Mailing Address:

815 Ivey Dr  
Quincy FL 32351

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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Myra Diane Merritt

Name

815 Ivey Dr.

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

Quincy FL 32351

City

State

Zip

I, being named as registered agent and to accept service of process for the above stated limited liability company at the address 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..

Myra Diane Merritt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 MAY 17 PM 3:39  
S214  
FLORIDA  
STATE  
REGISTRATION  
AND  
SPECIAL  
PURPOSE  
CORPORATION  
AND  
LIMITED  
LIABILITY  
COMPANY  
SEARCH  
AND  
INDEX  
SYSTEM

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Myrna Diane Merritt

815 Ivey Dr

Quincy FL 32351

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FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION AND  
FILING SECTION

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Myrna Diane Merritt

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any 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.

\_\_\_\_\_  
Typed or printed name of signee

**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)