

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000294354**

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((H23000218746 3)))

Fax Audit No. H23000218746 3



H230002187463ABC0

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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I19990000199  
Phone : (850)681-6810  
Fax Number : (850)681-9792

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

Email Address: matthew.mcroberts@nelsonmullins.com

**FLORIDA LIMITED LIABILITY CO.  
TVIP ONE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2023 JUN 19 PM 4:34

REGISTRARS  
COMMERCIAL  
SERVICES

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2023 JUN 19 PM 3:00

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Electronic Filing Menu

Corporate Filing Menu

Help

AS

Fax Audit No. H23000218746 3

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TVIP ONE 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:

Matthew McRoberts

Name of Person

Nelson Mullins Riley & Scarborough

Firm/Company

8625 Tamiami Trail North, Suite 202

Address

Naples, FL 34108

City/State and Zip Code

matthew.mcroberts@nelsonmullins.com

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

For further information concerning this matter, please call:

Matthew McRoberts

239

325-0416

at ( )

Name of Person

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

2023 JUN 19 PM 3:00  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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Fax Audit No. H23000218746 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TVIP ONE 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:**

333 Las Olas Way, #3202

Fort Lauderdale, FL 33301

333 Las Olas Way, #3202

Fort Lauderdale, FL 33301

**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:

Kenneth Kelly

Name

333 Las Olas Way, #3202

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

Fort Lauderdale

FL

33301

City

State

Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 2023 JUN 19 PM 3:00  
 TALLAHASSEE, FL  
 OFFICE OF STATE CLERK

Fax Audit No. H23000218746 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Kenneth Kelly

333 Las Olas Way, #3202

Fort Lauderdale, FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

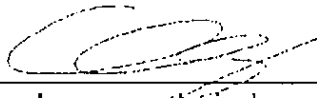
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



**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.

Kenneth Kelly

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)

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 JUN 19 PM 3:00  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

Fax Audit No. H23000218746 3