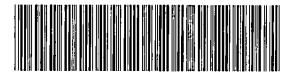
L2400132931

(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

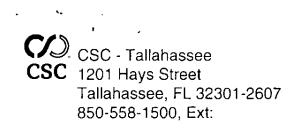


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RECEIVED

2024 HAR 21 AM 8: 33





To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/21/24 Order #: 1462296-1 Re: TWC Investor LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name
---------	----------

The name of the Limited Liability Company is:

TWC Investor 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 South Garland Avenue, Suite 1300	333 South Garland Avenue, Suite 1300		
Orlando, FL 32801	Orlando, FL 32801		

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:

Christopher D. W	ideman	
	Name	
333 South Garlan	d Avenue, Suite 1300	
Florida street add	ress (P.O. Box <u>NOT</u> acc	eptable)
Orlando	Florida	32801
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..

By: CHRISTOPHER WIDEMAN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 MAR 21 AN 8: 30 SEAST NUMBER FOR

ARTICLE IV-

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

<u> 110e:</u>	Name and Adoress:
"AMBR" = Authorized Member	
"MGR" = Manager	
*	
AMBR	Matthew Wideman
	333 South Garland Avenue, Suite 1300
	Orlando, FL 32801
AMBR	Christopher Wideman
	333 South Garland Avenue, Suite 1300
	Orlando, FL 32801
	Vitalities, 1 G Cabori
	
	
(If an effective date is listed, the date must be sthe date of filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	OocuSigned by:
RECOINED SIGNATORE.	CUDICTODUED WIDEMAN SE
	CHRISTOPHER WIDEMAN 最質 臺
<u> </u>	7C444B97D8EC4CF
Signature of a r	
	cuted in accordance with section 605.0203 (1) (b). Florida Ştatutes.
Low around that are Po	lse information submitted in a document to the Department of State
i am aware inat any ia	ise information submitted in a document to the Department of State
constitutes a third degi	ree felony as provided for in s.817.155, F.S.
	[편화] - 그리아
Christopher D.	Typed or printed name of signee
	Typed or printed name of signee
	- m → m → m

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) csc FIN-43972