

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

W24000229313

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.

(((H24000185290 3)))



H240001852903ABC+

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 FILINGS INC
 Account Number : I20220000042
 Phone : (786)370-2432
 Fax Number : (786)866-6349

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

Email Address: vigovigocpa@aol.com

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2024 MAY 23 PM 1:20

2024 MAY 23 PM 4:41
 RECEIVED
 CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 TGCW LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(((H24000185290 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TGCW 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:

12640 IXORA RD

NORTH MIAMI, FL 33181

Mailing Address:

12640 IXORA RD

NORTH MIAMI, FL 33181

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:

L & J MANAGEMENT CORPORATION

Name

5805 BLUE LAGOON DR, STE 300

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

MIAMI

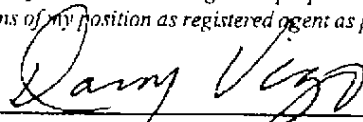
FL

33126

City

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY 23 PM 1:20

(((H24000185290 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

AMBR

Name and Address:

WALTER G. EYZAGUIRRE

12640 IXORA RD

NORTH MIAMI, FL 33181

(Use attachment if necessary)

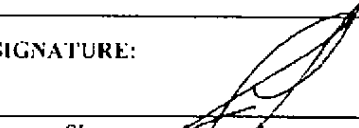
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

WALTER G. EYZAGUIRRE

Typed or printed name of signee

(((H24000185290 3)))