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(Requestor's Name)

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PICK-UP

WAIT

MAIL

(Business Entity Name)

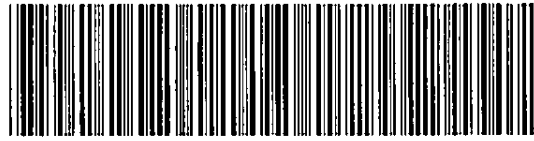
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Handwritten mark

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TTCG903, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature



Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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PAID

**ARTICLES OF ORGANIZATION  
OF  
TTCG903, LLC**

The undersigned, being a duly authorized representative of the Member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes (the "Act"), does hereby adopt the following Articles of Organization:

**ARTICLE I. NAME**

The name of the limited liability company is **TTCG903, LLC** (the "Company").

**ARTICLE II. ADDRESS**

The principal and mailing address of the Company is 101 NE 34<sup>th</sup> Street, Unit 1205, Miami, FL 33137.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The Company designates 1000 Brickell Avenue, Suite 300, Miami, FL 33131 as the street address of the initial registered office of the Company and names AGI Registered Agents, Inc. as the Company's initial registered agent at that address to accept service of process within this state.

**ARTICLE IV. DURATION AND CONTINUATION**

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement or pursuant to the Act, as amended from time to time.

**ARTICLE V. MANAGEMENT**

The Company shall be conducted, carried on, and managed by at least one (1) Manager and is, therefore, a manager-managed Company. The names and addresses of the initial persons authorized to manage and control the Company are:

<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
Manager	Galina Sabir 101 NE 34 <sup>th</sup> Street, Unit 1205 Miami, FL 33137

**ARTICLE VI. PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

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**IN WITNESS WHEREOF**, the undersigned has hereunto set his hand and seal this 16<sup>th</sup> day of August, 2024.

/s/ Robert R. Adams

\_\_\_\_\_  
Robert R. Adams,  
Duly Authorized Representative of the  
Member

### **ACCEPTANCE OF REGISTERED AGENT**

The undersigned agrees to act as registered agent for **TTCG903, LLC** to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this 16<sup>th</sup> day of August, 2024.

AGI Registered Agents, Inc.

/s/ Robert Adams

\_\_\_\_\_  
Robert Adams, Authorized Person.

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