# 124000541

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DATE:

12/30/2024

NAME:

TGH4, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TGH4, LLC				
(Must cor	ntain the words "Limited Li	iability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal off	ice of the Limited	l Liability Company is:	
Principal Office Address:			Mailing Address:	
5701 Carder Road			I Carder Road	
Orlando, Florida 32	.810	<u>Orl</u>	ando, Florida 32810	
another business entity with an				
The name and the Florida stree	t address of the registered a		d	
The name and the Florida stree	Para	igent are: :corp Incorporate Name	d	1 1 5
The name and the Florida stree	Para Para	corp Incorporate	d	1 1 4
The name and the Florida stree	Para Para	corp Incorporate Name ffice Plaza Drive		
The name and the Florida stree	Para  155 Of  Florida street address (  Tallahassee	Name  Fice Plaza Drive (P.O. Box NOT a	acceptable)	
The name and the Florida stree	Para 155 Of Florida street address (	Name  ffice Plaza Drive (P.O. Box <u>NOT</u> a	acceptable)	

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
. "MGR" = Manager	
AMBR	Tony Hartsgrove
	5701 Carder Road
	Orlando, Florida 32810
AMBR	Melissa Hartsgrove
	5701 Carder Road Orlando, Florida 32810
	Onando, Florida 52810
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(Use attachment if necessary)	
CLEV: Effective date if other than the d	late of filing:
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 day
te of filing.)	specific and cannot be more than 114 business days prior to or 20 day
5.	of meet the applicable statutory filing requirements, this date will not be
cument's effective date on the Departme	
cument's effective date on the Departing	ent of State's records,

#### REQUIRED SIGNATURE:

Hannah Gebhardt
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.

Hannah Gebhardt

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)

# STATE OF FLORIDA

# REGISTERED AGENT CONSENT FORM

DATE: 12/27/2024

**ENTITY NAME: TGH4, LLC** 

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated