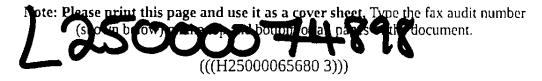
Fax: 18134365206

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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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 : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

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FLORIDA LIMITED LIABILITY CO. TP Virtual Solutions LLC

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

2025 FEB 20 PM 3: 26 SECRETARY OF STAT TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 18134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Name:

The name of the Limited Liability Company is:

TP Virtual Solutions LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>
3833 Powerline Rd	3833 Powerline Rd
Suite 201	Suite 201
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

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:

Northwest Registere	d Agent LLC		
	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box No	OT acceptable)	
St. Petersburg	FL	33702	
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..

Registe ed Agent's Signature (REQUIRED)

(CONTINUED)

2025 FEB 20 PM 3: 26 SECRETARY OF STAT TALLAHASSEE, FL

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Phan, Thien-Lan Theresa
	3833 Powerline Rd Suite 201
	Fort Lauderdale, FL 33309
	<u> </u>
(Use attachment if necessary) LEV: Effective date, if other than the	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)