

L05600021363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

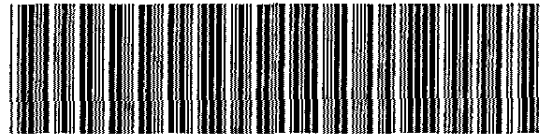
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FILED  
05 MAR -2 AM 10:48  
05 MAR -2 PM 4:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
05 APR -2 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 3/2/05

REF. #: 0809.35428

CORP. NAME: TUCKAHOE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 511653 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
TUCKAHOE, LLC  
(A Limited Liability Company)**

**FILED**  
05 MAR -2 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company ("Company") is: **TUCKAHOE, LLC.**

**ARTICLE II - ADDRESS**

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

**LYNN W. FROMBERG  
c/o Fromberg, Perlow & Kornik, P.A.  
18901 N.E. 29<sup>th</sup> Avenue, Suite 100  
Aventura, FL 33180**

**ARTICLE III - DURATION**

This Limited Liability Company shall have a duration of seventy-five (75) years from the date of filing of these Articles of Organization with the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT AND OFFICE**

The name of the Company's initial registered agent in Florida is **DADE COUNTY CORPORATE AGENTS, INC.** The address of the registered agent's office in Florida is: **18901 N.E. 29<sup>th</sup> Avenue, Suite 100, Aventura, Florida 33180.**

**ARTICLE V - PURPOSE**

This Company is organized for the purpose of transacting any or all lawful business for which a limited liability company may be organized pursuant to Chapter 608, Florida Statutes, as amended from time to time.

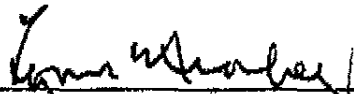
**ARTICLE VI - MANAGEMENT**

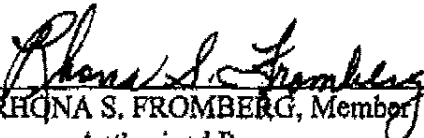
The Company is a Manager - managed company. The Company is to be managed by one or more Managers. The initial Managers shall be LYNN W. FROMBERG and RHONA S. FROMBERG.

**ARTICLE VII**  
**WRITTEN OPERATING AGREEMENT**

Any Operating Agreement entered into by the Members of the Limited Liability Company and any amendments or restatements thereof shall be in writing.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 2  
day of MARCH, 2005.

  
\_\_\_\_\_  
LYNN W. FROMBERG, Member  
Authorized Person

  
\_\_\_\_\_  
RHONA S. FROMBERG, Member  
Authorized Person

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 2 day of MAR, 2005, by LYNN W. FROMBERG and RHONA S. FROMBERG, to me personally known / ✓ / or who have produced \_\_\_\_\_ as identification.

  
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE OR STAMP COMMISSIONED NAME OF

NOTARY PUBLIC: 

COMMISSION NUMBER:

COMMISSION EXPIRES:

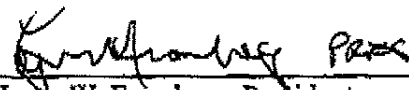
Brenda Malina  
Commission # DD 027762  
Expires July 3, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.

**ACCEPTANCE BY REGISTERED AGENT**

I, the undersigned, 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 608, F.S.

Dated this 2 day of MARCH, 2005.

DADE COUNTY CORPORATE AGENTS, INC.

By:   
Lynn W. Fromberg, President