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Paula Koskinas
1310 SW 43rd Terrace
Cape Coral, FL 33914
(941) 945-1075

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***160.00 ***160.00

July 6, 2000

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the Articles of Organization For Florida Limited Liability Company
form and a check for the filing fees.

Please contact us at the number listed above if you have any questions. Thank
you.

Best Regards,

Paula Koskinas

Paula Koskinas

11/11/95
11/11/95

FILED
00 AUG -9 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 19, 2000

PAULA KOSKINAS
1310 SW 43RD TERRACE
CAPE CORAL, FL 33914

SUBJECT: TPK ENTERPRISES, LLC
Ref. Number: W00000018095

We have received your document for TPK ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The company can have only one registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 100A00039631

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TPK Enterprise, LLC
dba The Entrepreneur's Source

ARTICLE II - Address:

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

1310 SW 43rd Terrace
Cape Coral, FL 33914

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Paula Koskinas
Name
1310 SW 43rd Terrace
Florida street address (P.O. Box NOT acceptable)
Cape Coral, FL 33914
City, State, and 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 608, F.S..

Paula Koskinas
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Paula Koskinas
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paula Koskinas
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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00 AUG -9 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA