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- Noonan - 804 Coral Bean Cv. Venice 72 34293

CR2E031(7/97)

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CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy
NEW FILINGS	<u>AMENDMENTS</u>	<u> </u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	d Agent
OTHER FILINGS	REGISTRATION/QUA	LIFICATION,
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	LOI-3187
		Examiner's Initials

2/24/01 is 34 Nohomis 72 34275 daytime phone # 94 Enclosed is a check \$100.00 RE: Tyler associates, LLC 01 MAR |2 PM 5: 00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 2, 2001

ROBERT NOONAN 3439 TECHNOLOGY DRIVE, SUITE 10 NOKOMIS, FL 34275

SUBJECT: TYLER ASSOCIATES, LLC Ref. Number: W01000004804

We have received your document for TYLER ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6020.

Tammi Cline Document Specialist

Letter Number: 001A00013002

STORETO THE STORE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Tyler Associates, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 3439 Technology Drive Suite 10 Nokomis FL 34275 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Robert C. Noonan Name 3439 Te Chnology Drive Suite 10 Florida street address (P.O. Box NOT acceptable) Nolcomis FL 34275 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
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)
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.) Robert C, Noonan Typed or printed name of signee
Fitting Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
ր 20:00 Ct mtca Cohն (Abutanat)

\$ 5.00 Certificate of Status (Optional)