Requester's Name 12157 W. Linebaugh Address Timol T 33leac City/State/Zip Phone #	0004275 Ave, Star = 240 400049473545 -02/18/0201036020 ****135.00 Office Use Only MENT NUMBER(S), (if known):	Ż
1	2 CVS	<u> </u>
(Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	
3(Corporation Name) 4(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit	(Document #) (Document #) (Document #) (Certified Copy Resignation of R.A., Officer/Director	
Limited Liability Domestication Other OTHER FILINGS	Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials	-

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morelli - TMC Real Estate Development, L.L.C.

ARTICLE II - Address:

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

12157 W. Linebaugh AVE., Ste # 240

TAMPS, F1 33626

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

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

Name

1605 Preston Trailung

Florida street address (P.O. Box NOT acceptable)

Odessa FL 33556

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)

gnature 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.)

Patrice Morelli

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)