Criffin & Associates, PC 165 Crooked Creek Rd Suite B Norcross, GA 30092 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 900004895889 -02/08/02--01022--006 ****100.00 (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time Certified Copy ☐ Mail out **₩** Will wait Photocopy Certificate of Status 900004895889---03/01/02--01030--003 **NEW FILINGS AMENDMENTS** *****25.00 *****25.00 ■ Profit □ Amendment Resignation of R.A., Officer/Director ■ Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 13, 2002

GRIFFIN & ASSOCIATES, PC 6165 CROOKED CREEK RD., SUITE B NORCROSS, GA 30092

SUBJECT: T/K RESOURCE GROUP, LLC

Ref. Number: W02000004320

We have received your document for T/K RESOURCE GROUP, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 902A00008973

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
T/K Resource Group, LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Co	mpany is:	
104 S.W. Memorial Parkway, Fort Walton Beach, FL 32548		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:	
The name and the Florida street address of the registered agent are:		
Teril-Reeves Name		
Name		
104 S.W. Memorial Parkway,		
Florida street address (P.O. Box NOT acceptable)		
Ft. Walton Beach FL 32548 City, State, and Zip		
City, State, and Zip		
registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	with and	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed.	ers and is.	
therefore, a manager - managed company.	-	
(An additional article must be added if an effective date is requested)	7.0 O	
x Toni L. Reeves		
Signature of a member or an authorized representative of a member.	AR B	
(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.)	FEB 27 PM 12: 44 RETARY OF STATE AHASSEE, FLORID	
TerilReeves		
Typed or printed name of signee	7E t	