

L02000028207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700008508947

10/23/02--01036--002 **160.00

FILED
02 OCT 23 AM 10:05
SEALING STATE
TALLAHASSEE, FLORIDA

BK

October 21, 2002

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: TMJ Associates LLC

Dear Sir or Madam:

Enclosed please find completed Articles of Organization for a Florida Limited Liability Company and a check in the amount of \$160 to cover filing fees, including optional certified copy and certificate of status.

Sincerely,


Holly Jeske

11152 Laurel Walk Road
Wellington, FL 33414
1-561-333-5806

FILED
02 OCT 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TMJ Associates LLC

ARTICLE II - Address:

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

11152 Laurel Walk Road, Wellington, FL 33414

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

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

Holly Jeske
Name
11152 Laurel Walk Road
Florida street address (P.O. Box **NOT** acceptable)
Wellington FL 33414
City, State, and Zip

FILED
OCT 23 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Holly Jeske
Registered Agent's Signature

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

Holly Jeske
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.)

Holly Jeske
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)