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03 FEB -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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W03 2001

AL

(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

This is a cover letter for the start FILED
a new property management company. 03 FEB -5 PM 4:02
address of the company manager is SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Timothy D. Faulkner
200 Olympic Way #3
Melbourne, FL 32901

phone - 321-956-0632



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2003

TIMOTHY D. FAULKNER
200 OLYMPIC WAY #3
MELBOURNE, FL 32901

SUBJECT: TCB FL, LLC
Ref. Number: W03000002001

We have received your document for TCB FL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 103A00004125

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TCB FL, LLC
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ARTICLE II - Address:

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

200 Olympic Way #3 Melbourne, FL 32901

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Timothy D. Faulkner
Name

200 Olympic Way #3
Florida street address (P.O. Box NOT acceptable)

Melbourne, FL FL 32901
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.

Timothy D. Faulkner
Registered Agent's Signature

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

Timothy D. Faulkner
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.)

Timothy D. Faulkner
Typed or printed name of signer

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)