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Account Number: 0721-00000-307

Reference: 1480  
(Sub Account)

Date: 3-26

Requestor Name: **Attorneys' Title Insurance Fund, Inc.**

Address: **1965 Capital Circle NE  
Tallahassee, Florida 32308**

Telephone: **850-222-2785**

Contact: **Barbara Keys**

Corporation

Name: T.M. Co., Inc.

Document

Number: \_\_\_\_\_  
(If Applicable)

Authorization: Barbara Keys

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**ARTICLES OF ORGANIZATION  
OF  
T.M. CO., LLC**

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") shall be **T.M. CO., LLC**

**ARTICLE II  
ADDRESS**

The mailing and street address of the Company's principal office is:

340 Fifth Avenue South  
Suite 200  
Naples, Florida 34102

**ARTICLE III  
PURPOSES**

The general nature of the business or businesses to be transacted and which the Company is authorized to transact shall be as follows:

- A. The own, manage and operate businesses or entities engaged in the sale of food, beverages and related items.
- B. To engage in any activity or business authorized under the Florida Statutes.
- C. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the state of Florida, and to do any and all things herein set forth to the same extend as a natural person might or could do.

**ARTICLE IV  
DURATION**

The duration of the Company shall be thirty (30) years, unless terminated sooner by operation of law, by agreement of the Members or re-inacted after such primary term for such additional period as is mutually determined by the Members.

**ARTICLE V**  
**REGISTERED AGENT AND OFFICE**

--FILED

The name of the Company's initial registered agent in Florida is **MICHAEL J. VOLPE, Esquire** and the address of the Company's registered agent in Florida is c/o **ROBINS, KAPLAN, MILLER & CIRESI LLP**, 711 Fifth Avenue South, Suite 201, Naples, Florida 34102. MAR 25 PM 3:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI**  
**MANAGEMENT**

The Company is to be managed by a manager or managers. The name and address of the initial Manager who is to serve as Manager is **MICHAEL MEFTAH, M.D.**, whose address is 340 Fifth Avenue South, Suite 200, Naples, Florida 34102.

**ARTICLE VII**  
**ADMISSION OF NEW MEMBERS**

The Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing member, and the existing member shall determine the amount and nature of the contribution by new members at the time the new members are admitted.

**ARTICLE VIII**  
**CONTINUATION OF BUSINESS OPERATIONS**

The Company may continue its business operations upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in a limited liability Company only upon the unanimous approval of the remaining members.

**ARTICLE IX**  
**TRANSFERABILITY OF MEMBER'S INTEREST**

A member's interest in the Company may be transferred unless the transfer is restricted by the members in accordance with the Company's Regulations.

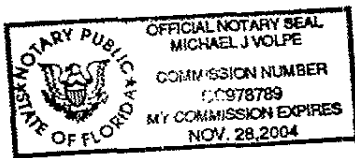
24<sup>th</sup> IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of March, 2003.

  
**MICHAEL MEFTAH, M.D., as Authorized  
Representative of the Company**

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day 05 Mar 2003, by **MICHAEL MEFTAH, M.D.**, as Authorized Representative of the Company, **Who is** personally known to me) (has produced a driver's license/picture identification) and **did/did not** take an oath.

My Commission Expires:



*[Signature]*  
NOTARY PUBLIC (SEAL)  
*M. J. Volpe*  
Typed or printed name

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MAR 25 PM 2:09  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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03 MAR 25 PM 1:20  
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TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the Registered Agent/Registered Office in the State of Florida.

1. The name of the limited liability company is: **T.M. CO., LLC**
2. The name and address of the Registered Agent and office is:

**MICHAEL J. VOLPE, ESQUIRE**  
**ROBINS, KAPLAN, MILLER & CIRESI LLP**  
711 Fifth Avenue South, Suite 201  
Naples, Florida 34102

Having been named as Registered Agent 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.

Dated this 24<sup>th</sup> day of March, 2003.

  
\_\_\_\_\_  
**MICHAEL J. VOLPE, Esquire**

This instrument prepared by:  
**MICHAEL J. VOLPE, ESQUIRE**  
**ROBINS, KAPLAN, MILLER & CIRESI LLP**  
711 Fifth Avenue South, Suite 201  
Naples, Florida 34102