

L03 0000 19174

(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



500019853865

05/27/03--01044--023 **155.00

03 MAY 27 AM 8:37

FILED

Kenneth Kirschner

6576 Villa Sonrisa Dr Suite. 1215
Boca Raton, Florida 33433-4051

561-367-1492
561-447-2939 Fax
ksk62@adelphia.net

May 22, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

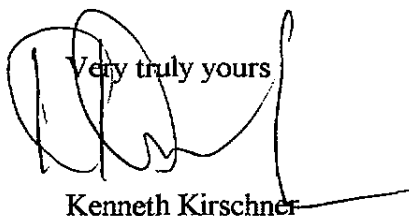
Re: TLK Sales LLC

Gentlemen:

Enclosed please find original and one copy of the Articles of Organization for TLK SALES LLC, and a check in the amount of \$155.00 for the filing fee, Designation of Registered Agent and a Certified Copy of the filing. The address and daytime telephone number is as set forth in the letterhead. Please file the Articles and return the letter of acknowledgement to the undersigned.

In anticipation of your cooperation, we remain

Very truly yours

A handwritten signature in black ink, appearing to be 'Kenneth Kirschner', written over the typed name.

Kenneth Kirschner

Encl:

03 MAY 27 AM 8:38

FILED

TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
TLK Sales LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
11083 Blue Coral Way, Boca Raton, FL 33498

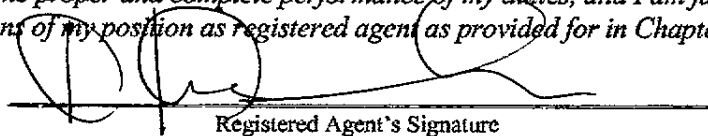
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kenneth Kirschner
_____ Name
6576 Villa Sonrisa Dr. apt. 1215
_____ Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33433 FL
_____ City, State, and Zip

FILED
03 MAY 27 AM 8:38
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.



Registered Agent's Signature

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



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.)

Tara Kirschner

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)