

L03000023814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Updater	
Verifier	DCC

Acknowledgement	DCC
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W. P. Verifier	DCC
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06/25/03--01075--017 **160.00

FILED

03 JUN 25 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas E. McClary
10678 Cypress Bend Drive
Boca Raton, FL 33498-6338
(561) 883-9398

June 21, 2003

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

Dear Sirs:

Enclosed is an application to create a Limited Liability Company and a check for \$160.00 to cover the Filing fee for Articles of Organization, Designation of Registered Agent, a Certified Copy and Certificate of Status.

Sincerely,



Thomas E. McClary

Enclosures

FILED
03 JUN 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Tmax LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
10678 Cypress Bend Drive
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:

Thomas E. McClary
Name

10678 Cypress Bend Drive
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33498
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.

Thomas E. McClary
Registered Agent's Signature

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

Thomas E. McClary
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.)

Thomas E. McClary
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)

FILED
03 JUN 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA