

L03000029078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

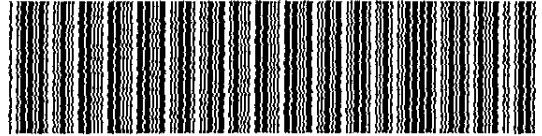
Special Instructions to Filing Officer:

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Filing Office

Office Use Only

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11-11-11



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08/04/03--01025--004 **125.00

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03 AUG -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIGER BAY PARTNERS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL S. MILLER

(Name of Person)

YANCEY, MILLER & ASSOCIATES, CPAS PLLC

(Firm/Company)

560 NEFF AVENUE, STE 500

(Address)

HARRISONBURG, VA 22801

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL S. MILLER

(Name of Person)

at (540) 433-3777

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED
03 AUG -4 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:

Tiger Bay Partners, LLC.

ARTICLE II - Address:

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

Principal Office Address:

TIGER BAY PARTNERS, LLC

RT 4, BOX 3906

LAKE BUTLER, FL 32054

Mailing Address:

TIGER BAY PARTNERS, LLC

P.O. BOX 1273

VERONA, VA 24482

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

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

WILLIAM T. DETTOR, III

Name

RT 4, BOX 3906

Florida street address (P.O. Box **NOT** acceptable)

LAKE BUTLER FL 32054

City, State, and Zip

FILED
03 AUG - 4 AM 8:00
SECRETARY 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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM T. DETTOR, III

PO BOX 1273

VERONA, VA 24482

MGRM

Elizabeth A. Detton

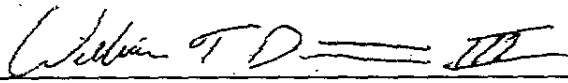
PO Box 1273

VERONA, VA 24482

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

WILLIAM T. DETTOR, III

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG -4 AM 8:00

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