

L03000039328

(Requestor's Name)

(Address)

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(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Affidavit

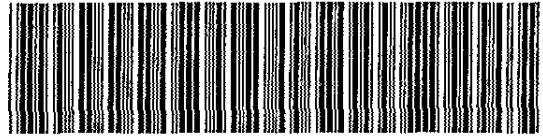
Document
Description

Updater Office Use Only

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Verifier DCC

Adoption Settlement DCC

W. P. Verifier DCC



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10/03/03--01073--022 **125.00

FILED
03 OCT -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



WILLIAMS MULLEN

Direct Dial: 202.293.8118
tmcvey@williamsmullen.com

October 2, 2003

VIA FEDERAL EXPRESS

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

Re: Formation of Limited Liability Company for TTPI, LLC

To Whom It May Concern:

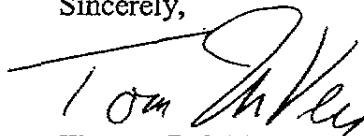
Enclosed for filing please find the following materials for the formation of a limited liability company:

- (1) Articles of Organization for a Florida Limited Liability Company; and
- (2) A check in the amount of \$125.00 for the filing fee.

I appreciate your assistance in this matter.

If you have any questions regarding this filing please feel free to contact me at the number set forth above.

Sincerely,


Thomas B. McVey

Enclosure

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A Professional Corporation

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1666 K Street, N.W., Suite 1200 Washington, D.C. 20006 Tel: 202.833.9200 Fax: 804.783.6507 or 202.293.5939
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

TTPI, LLC

THE UNDERSIGNED, desiring to form a Florida limited liability company, does hereby certify as follows:

ARTICLE I – Name: The name of the Limited Liability Company (the “Company”) is:
TTPI, LLC.

ARTICLE II – Address: The mailing address and street address of the principal office of the Company is:

2766 Olde Cypress Drive
Naples, Florida 34119

ARTICLE III – Registered Agent, Registered Office and Registered Agents

Signature: The name and the Florida street address of the Company’s registered agent are:

Dr. Ralph Fulchino
2766 Olde Cypress Drive
Naples, Florida 34119

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, Florida Statutes.


Dr. Ralph Fulchino, Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager or Managing Member: The name and address of the
Managing Member are:

<u>Title</u>	<u>Name and Address</u>
MGRM	Dr. Katheryn Y. Fulchino 2766 Olde Cypress Drive Naples, Florida 34119

IN WITNESS WHEREOF, the undersigned member of the Company has executed
these Articles of Organization on this 22nd day of September, 2003.

Dr. Katheryn Y. Fulchino
Managing Member

Katheryn Y. Fulchino
Signature

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.

03 OCT 2003 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA