

LB4 000000777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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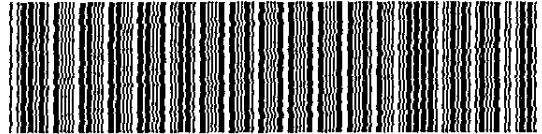
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03 DEC 24 AM 10:01

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LB4-777
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDR Investments, 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:

Larry K. Meeker
(Name of Person)

Stinson Morrison Hecker LLP
(Firm/Company)

600 Commerce Bank Center, 150 N. Main
(Address)

Wichita, Kansas 67202
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry K. Meeker at (316) 265-8800
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

TDR Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:

707 Hampton Downs Court

Jacksonville, Florida 32223

Mailing Address:

707 Hampton Downs Court

Jacksonville, Florida 32223

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

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

Thomas S. Rineberg

Name

707 Hampton Downs Court

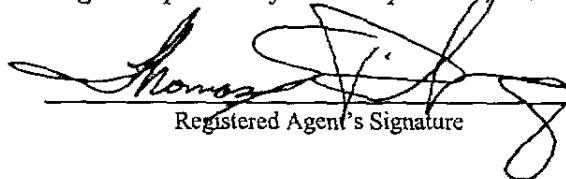
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville,

FLORIDA 32223

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, Florida Statutes.


Registered Agent's Signature

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03 DEC 24 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Richard F. Rineberg

8053 Links Way

Port St. Lucie, Florida 34986

MGRM

Richard T. Rineberg

7247 NW Hodges Road

Silver Lake, Kansas 66539

MGRM

David A. Rineberg

3510 W. Hillsboro Boulevard, Apt. #203

Coconut Creek, Florida 33073

MGRM

Thomas S. Rineberg

707 Hampton Downs Court

Jacksonville, Florida 32223

(Use attachment if necessary)

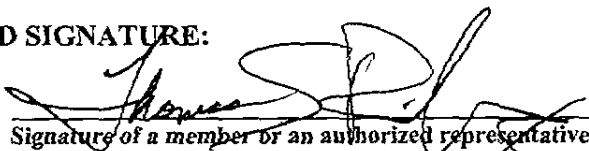
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TALLAHASSEE, FLORIDA

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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.)

Thomas S. Rineberg

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)