

(Req	questor's Name)
(Add	iress)
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(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to F	
1110	FCIC

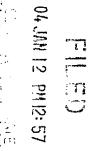




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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations								
SUBJE	CCT: TCB PROPERTIES LLC (Name of Limited Liability Company)								
The end	closed Articles of Organization and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
	DON B. SEALY (Name of Person)								
	(Name of Person)								
	(Firm/Company)								
_	1534 SCENIC GULF DeIVE #13								
-	(Address)								
	DESTIN, FL. 32550 (City/State and Zip Code)								
	(City/State and Zip Code)								
For furt	ther information concerning this matter, please call:								
<u>D</u>	ON B. SEALY at (850) 837-3675 (Name of Person) (Area Code & Davime Telephone Number)								
	(Name of Person) (Area Code & Davisme 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TC	B PROP	ERTIES	LLC				
ARTICLE II - Ad The mailing addres	dress: s and street add	ress of the prin	cipal office o	f the Lin	nited Liabi	ility Company	is:
Principal Office A	ddress:		Mail	ng Addi	ess:		
1534 SCEN	ic Guif	DR #13	15.	34 2	SCEN (C	Crif DR	
DESTIN	FL 325	<i>-5</i> 0	$\mathcal{D}_{\mathcal{S}}$	ESTIN	FL	32550	
ARTICLE III - R The name and the	Florida street ad	dress of the reg	gistered agent		Agent's S	ignature:	
	Florida street ad		gistered agent		Agent's S	ignature:	
	Florida street add	dress of the reg	ristered agen	are:	_	ignature:	
	Florida street add	dress of the reg	acy Surf Dr	are:	_	ignature:	
	Florida street add	Name CCNIC Get address (P.O.)	vistered agent YALY ULF DR Box NOT accep	are:	- 3 <u>-</u>	ignature:	
	Florida street add	B. Se Name CENIC G	Sox NOT acceptions	are:	- 3 <u>-</u>	ignature:	
	Florida street add	Name Name CENIC Get address (P.O.) City, State, and to accept servicificate, I hereby	ristered agent ALY OLF DR Box NOT acception FLORIDA To accept the a	are:	550 bove stated nt as regis	l limited liabilit tered agent and	l
The name and the ling been named as regingany at the place design to act in this capacity. complete performance	Florida street add	Name Name CONIC G eet address (P.O.) City, State, and to accept service tificate, I hereby to comply with a I am familiar	Sistered agent ALY OLF DR Box NOT accept the accept	for the aboption the object the o	SSO bove stated nt as regis atutes relat ligations o	l limited liabilit tered agent and ting to the prop	l er

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM MGRM Dow SOALY SCENIC (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.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

ON B. SEALY
Typed or printed name of signee

that the facts stated herein are true.)