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TRANSMITTAL LETTER

FO: Registration Section	
Division of Corporations	
SUBJECT: T& S Property, LLC (Name of Limited Liability Company)	<u>. </u>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert Topo Trulock (Name of Person)	MIN SEE FLORING
	Service of C
T&S Property, LLC	
(Elrm/Company)	
1000 Durbin Parks Privs	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Address)	
JACKSDIVILLE, FL 32259 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert Toph Trylock at (904) 334-284/ (Name of Person) (Area Code & Daytime Telephone Number	
(Name of Person) (Area Code & Daytime Telephone Numbe	<u>r)</u>

STREET ADDRESS: Registration Section

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

O day	
Mark Str. Co	1. 5 Photos

ARTICI	ΕI	- N	ame:
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The name of the Limited Liability Company is:

T&S Property, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1000 Durbin PK. Pr.	1000 Durbin Pr. Dr.
Jacksonville, FL 32259	JACKSONVIllE, FL 32259

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Robert	TODD	Tools	ec K	
		Name		
1000 P	Purbin f	K Dr		_
Florid	la street addre	ess (P.O. B	ox <u>NOT</u> acce	ptable)
Tak	*			33.500

PACKSONUILLE FLORIDA 32259
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

Page 1 of 2 (CONTINUED)

	Member(s): Managing Member is as follows: Name and Address: Robert Toop Trylock	
ARTICLE IV- Manager(s) or Managin	ng Member(s):	
The name and address of each Manager of	r Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
	1000	
MGRM	Robert Toop Trulock Boys	
	1000 Pribit PR Pr	==
	JACKSONVILLE # 1 32259	
MGRM	Shelley FAYE Trolock	
	1000 Durbin Pr. Dr.	
	TACKSDAVILLE, FL 32259	
% // A	•	
		
777 (c. 1	/-//	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
DESCRIPTION AND A		
REQUIRED SIGNATURE:		
WISTA		
Signature of a member or an au	thorized representative of a member.	
(In accordance with section 608.	108(3), Florida Statutes, the execution	
of this document constitutes an a	firmation under the penalties of perjury	

Topp Trulock
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)