

L04000029743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

	DOC
	DOC
	DOC
	DOC
	DOC
	DOC

Office Use Only



400032293474

04/12/04--01097--005 **160.00

FILED
SECRETARY OF STATE
04 APR 12 PM 2:17

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TMR Global 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:

Richard Renaud Jr
(Name of Person)

TMR Global LLC
(Firm/Company)

P.O. Box 18982
(Address)

Tampa, FL 33679-8982
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Renaud Jr at (813) 679-0024
(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

04 APR 12 PM 2:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TMR Global LLC

ARTICLE II - Address:

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

Principal Office Address:

404 S. Willow Avenue

Unit D

Tampa, FL 33606

Mailing Address:

P.O. Box 18982

Tampa, FL 33679-8982

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

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

Richard Renaud Jr

Name

404 S. Willow Avenue Unit D

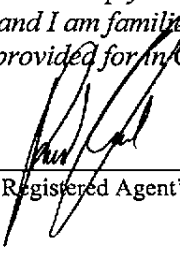
Florida street address (P.O. Box **NOT** acceptable)

Tampa,

FLORIDA 33606

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

04 APR 12 PM 2:17

FILED
SECRETARY OF STATE
TAMPA, 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 Renaud Jr

404 S. Willow Ave. unit D

Tampa, FL 33606

MGR

Theo P. Renaud

404 S. Willow Ave. unit D

Tampa, FL 33606

(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.)

Richard Renaud Jr

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)

04 APR 12 PM 2:17

FILED
SECRETARY OF STATE
TAMPA, FLORIDA