

AUG-06-2004 15:13

AMIN S. GASSMAN P.A.

727 443 5829

P.81

Page 1 of 1

W04000058708

②

Florida Department of State

Division of Corporations

Public Access System

MJH

Electronic Filing Cover Sheet

8/6 F & C

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000162429 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727) 442-1200

Fax Number : (727) 443-5829

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -6 PM 3:37

FILED

RECEIVED

04 AUG -6 PM 3:30

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TOCKWOGH, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **TOCKWOGH, L.L.C.**

ARTICLE II - Address:

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

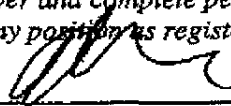
15406 Patterson Road
Odessa, FL 33556-2721

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

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

Alan S. Gassman, Esq.
Name
1245 Court Street, Suite 102
Florida street address (P.O. Box NOT acceptable)
Clearwater, FL 33756
City, State, and Zip

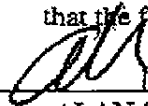
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)



ALAN S. GASSMAN, ESQUIRE

J:\H\HORIZON\Tockwogh, L.L.C\Articles of Organization.1.wpd
jas 8-6-04

ARTICLES OF ORGANIZATION OF TOCKWOGH, L.L.C.

Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #:

PAGE 1

TOTAL P.02

FILED
04 AUG -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA