

L04 0000 59933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

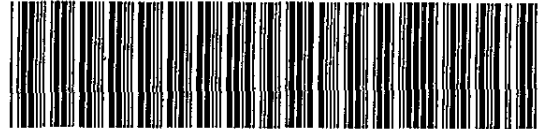
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700040017677

08/11/04--01026--005 **125.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 AUG 11 AM 8:32

FILED

8/13
cust

LAW OFFICES
STUART M. SILVERMAN, P.A.

CRYSTAL CORPORATE CENTER
2500 NORTH MILITARY TRAIL, SUITE 490
P.O. BOX 812315
BOCA RATON, FLORIDA 33481-2315

TELEPHONE (561) 289-9319
TELEFAX (561) 367-7384
EMAIL: SMSLAWFIRM@aol.com

August 9, 2004

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

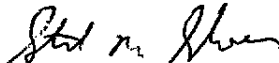
Re:TBZ, LLC

Dear Sir or Madam:

Enclosed please find an original and a copy of the articles of organization of TBZ, LLC, and the filing fee in the amount of \$125.00.

Should you have any questions or comments please do not hesitate to give me a call.

Sincerely yours,



Stuart M. Silverman, Esq.

SMS/sel
CC: Client

FILED
04 AUG 11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
TBZ, LLC

In compliance with Chapter 608, Florida Statutes the undersigned being a natural person and an authorized member does hereby files these articles of organization.

ARTICLE I NAME

The Name of the corporation shall be TBZ, LLC

ARTICLE II ADDRESS

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

175 West Hillsboro Blvd. 6
Deerfield Beach, Florida 33441

ARTICLE III REGISTERED AGENT

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

Stuart M. Silverman, Esq.
2500 N. Military Trail, Suite 490
Boca Raton, FL 33431

Having been named as registered agent 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.

Stuart M. Silverman Date 7/26/04
Signature of Registered Agent

FILED
04 AUG 11 AM 8:32
SEC. STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

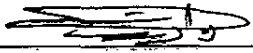
TITLE

("MGR" = Manager)

NAME AND ADDRESS

MGR

Wael SHIBLI
175 West Hillsboro Blvd. 6
Deerfield Beach, Florida 33441



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 state herein are true).

Wael Shibli

Typed or Printed Name of Signee

FILED
04 AUG 11 AM 8:32
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA