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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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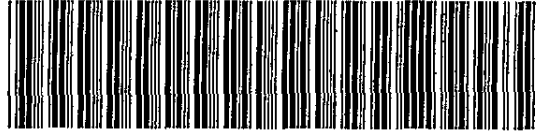
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 16 2004

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2004 AUG 13 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations

SUBJECT: T. P., LLC

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Tracy D. Pacetti  
128 River Plantation Rd. N.  
St. Augustine, FL 32092

For further information concerning this matter, please call:

Tracy D. Pacetti  
904-824-0204

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399  
(850) 245-6051

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
(850) 245-6051

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

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the Limited Liability Company is T. P., LLC.

**ARTICLE II ADDRESS**

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

**Principal Office Address:**  
128 River Plantation Rd. N.  
St. Augustine, FL 32092

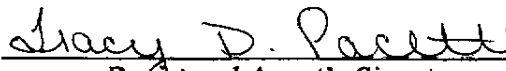
**Mailing Address:**  
128 River Plantation Rd. N.  
St. Augustine, FL 32092

**ARTICLE III REGISTERED AGENT**

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

Tracy D. Pacetti  
128 River Plantation Rd. N.  
St. Augustine, FL 32092

*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

#### ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

**Title:**

**Name and Address:**

Managing Member

Tracy D. Pacetti  
128 River Plantation Rd. N.  
St. Augustine, FL 32210

Managing Member

Joseph P. Pacetti  
128 River Plantation Rd. N.  
St. Augustine, FL 32210

#### REQUIRED SIGNATURE:

Tracy D. Pacetti  
Signature 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.)

Tracy D. Pacetti  
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)

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