

L040000 72804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

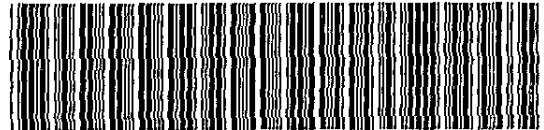
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICES
KOEPPEL GOTTLIB MESCHES

ESPERANTÉ BUILDING
222 LAKEVIEW AVENUE
SUITE 260

WEST PALM BEACH, FLORIDA 33401-6147

STUART M. GOTTLIB, P.A.
STUART M. GOTTLIB
J.D., LL.M. IN ESTATE PLANNING
MEMBER FL & NY BARS

TELEPHONE (561) 659-4020
TELECOPIER (561) 659-5399
E-MAIL smg01@bellsouth.net

October 4, 2004

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: TB Employees LLC
Our File: 5074.1

Ladies and Gentlemen:

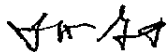
Enclosed are the following:

1. Original and one copy of Articles of Organization of TB Employees LLC.
2. Check in the amount of \$125, representing \$100 filing fee and \$25 registered agent fee.

Kindly file the original Articles of Organization and return the stamped copy to me in the envelope provided therefor.

If you have any questions, please contact me at your convenience.

Sincerely yours,



Stuart M. Gottlieb

SMG/id
Encl.
V:5074-baumldpt of state.wpd

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STUART M. GOTTLIB
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
of
TB EMPLOYEES LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is: TB EMPLOYEES LLC.

ARTICLE II -ADDRESS

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

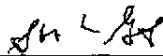
1409 South Ocean Boulevard
Palm Beach, Florida 33480

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE and
REGISTERED AGENT'S SIGNATURE**

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

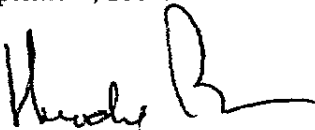
Stuart M. Gottlieb
222 Lakeview Avenue, Suite 260
West Palm Beach, Florida 33401

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.



Stuart M. Gottlieb, Registered Agent

Signed this 3rd day of September, 2004.



THEODORE BAUM, Trustee of Theodore Baum
Revocable Trust dated 12/17/03

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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA