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(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
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October 18, 2004

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

RE: Registering of: Tampa Bay Land Company, LLC
Tampa Bay Land Group, LLC

To whom it may concern:

Enclosed are the Transmittal Letters and Articles of Organization for Florida Limited Liability Company. Also enclosed are two checks for \$125.00 each for the filing fee for each of these companies. Thank you for your cooperation in expediting this request.

Sincerely

Vayne A. McClain

04 DCT 20 PM 2: 06

TRANSMITTAL LETTER

TO: Registration S Division of Co			-	
SUBJECT: Tampa E	Bay Land Group, LLC			
***************************************		d Liability Company)		•
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Wa	ayne McClain			
	C	Name of Person)		
	(Firm/Company)		
3611	W. Swann Ave.			
		(Address)		
Tamp	oa, FL 33609	·	\$	_
	(City/	State and Zip Code)		040
For further information	concerning this matter, please	call:		04 OCT 20 PN 2: 06
Wayne McClain		at (813) 876-5000		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	55
Enclosed is a check for	or the following amount:)6
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is enc	is &
STREET ADDRESS: MAILING ADDRESS:		DDRESS:		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
Tampa Bay Land Group, LLC	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3611 W. Swann Ave.	3611 W. Swann Ave.
Tampa, FL 33609	Tampa, FL 33609
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:
The name and the Florida street address	s of the registered agent are:
Wayne A. McClain	0

3611 W. Swann Ave.

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

Tampa, FL 33609

FL

City, State, and Zip

Name

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 Agents Signature

(CONTINUED)

Page 1 of 2

n effective date is requested.

(Use attachment if necessary)

Title:

MGRM

"MGR" = Manager

"MGRM" = Managing Member

NOTE: An additional article must be added in an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:

Wayne A. McClain

3611 W. Swann Ave. Tampa, FL 33609