

L04 0000 80095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

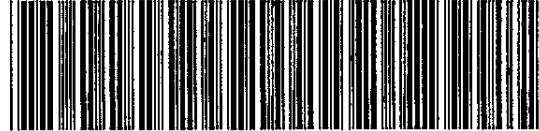
(Business Entity Name)

(Document Number)

Certificates of Status \_\_\_\_\_

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October 29, 2004

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

NOV 1 2004  
TALLAHASSEE, FLORIDA

Ladies/Gentlemen:

Enclosed please find the Articles of Organization for T.I. Resort Management, LLC and a check in the amount of \$125.00 for filing fees.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Dawn Manuelle".

Dawn Manuelle  
Legal Assistant

Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

T.I. Resort Management, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

24500 Chagrin Blvd. #200  
Beachwood, OH 44122

#### Mailing Address:

24500 Chagrin Blvd. #200  
Beachwood, Ohio 44122

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

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

Robert G. Risman

Name

10650 Gulf Blvd.

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

Treasure Island FL 33706

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..*

Robert G. Risman

Registered Agent's Signature

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

Robert G. Risman

24500 Chagrin Blvd. #200

Beachwood, Ohio 44122

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Robert G. Risman, Manager

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)