

L05000015595

(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



100046193741

02/09/05--01054--002 \*\*125.00

W 02/15/05

FILED  
2005 FEB -9 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sp

**Douglas J. Mortellaro, P.A.**

Phone: 813-909-4211 • Fax: 813-909-4112

*Certified Public Accountant*

18125 US Hwy 41 N, Suite 201 • P.O. Box 179 • Lutz, Florida 33548

February 7, 2005

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

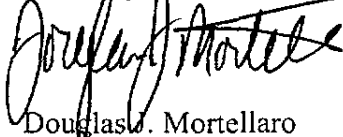
Re: TDL, LLC

To Whom It May Concern:

Please find enclosed Articles of Organization for the Limited Liability Company TDL, LLC. The address of this Organization is 12902 Cinnamon Place, Tampa, Florida 33624. The daytime telephone number of the member manager Tony D. Lolly is 813-977-2037.

If you have any questions please contact me.

Sincerely,



Douglas J. Mortellaro

Enclosures

FILED  
2005 FEB -9 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TDL, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas J. Mortellaro  
(Name of Person)

Douglas J. Mortellaro, P.A.  
(Firm/Company)

18125 US Hwy 41 N., Suite 201  
(Address)

Lutz, Florida 33549  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas J. Mortellaro at ( 813 ) 909-4211  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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 Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
**2005 FEB -9 PM 1:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TDL, 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:**

Attn: Tony Lolly

Attn: Tony Lolly

12226 University Mall

12226 University Mall

Tampa, Florida 33612

Tampa, Florida 33612

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

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

Tony D. Lolly

Name

12902 Cinnamon Place

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

Tampa, Florida 33624

FL

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.*

Tony D. Lolly

Registered Agent's Signature

FILED  
MAY 05 09 PM 1:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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

Tony D. Lolly  
12902 Cinnamon Place  
Tampa, Florida 33624

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

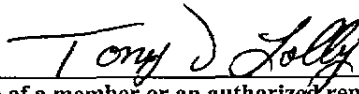
\_\_\_\_\_

\_\_\_\_\_

(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.)

Tony D. Lolly

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 FEB -9 PM 1:51

FILED