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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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OS NO 26 MID: 50

ACCOUNT NO. : 072100000032

REFERENCE : 562528 7480631

AUTHORIZATION : CINCLE 14

COST LIMIT : \$ 125.00

ORDER DATE: August 25, 2005

ORDER TIME : 5:14 PM

ORDER NO. : 562528-005

CUSTOMER NO: 7480631

CUSTOMER: Mr. Robert Smithwick Ii

Mr. Robert Smithwick Ii

8313 Se Woodmere St

Hobe Sound, FL 33455

DOMESTIC FILING

NAME:

TCF HOLDINGS, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Darlene Ward - EXT. 2935 EXAMINER'S INITIALS:

TO: 18505581515

P:2/5

NO. 022 P. 2/4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
TOF HOLDINGS, 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:
8313 SE Woodmere Street	6313 SE Woodmere Street
Hobe Sound, FL 33455	Hobe Sound, FL 33455

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name				
1201 Hays Street				
Florida street addres	ss (P.O. Box NOT acceptable)			
Tallahassee	FLORIDA 32301			
City, S	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, Florida Statutes.

Registered Agent's Signature Laura R. Dunlap as its agent

Page 1 of 2 (CONTINUED)

NO. 022

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	SEE ATTACHED
(Use attachment if necessary)	
NOTE: An additional article wust be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
- Doleest to	mall sheet
Signature of a member of an au	horized representative of a member.
(In accordance with section 608.4 of this document constitutes an aff that the facts stated herein are true	08(3), Florida Statutes, the execution firmation under the penalties of perjury (.)
By:Robert P. Smithwick,	II
Typed or prin	ted name of signoc

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

TO:18505581515

P:5/5

AUG. 25. 2005 3:54PM CORPORATION SVC CO

NO. 022 P. 4/4

Managing Members of: TCF HOLDINGS, LLC.

Robert P. Smithwick II 8313 SE Woodmere Street Hobe Sound, Florida 33453

Peter J. Gimmartino 531 Oceanside Blvd. Indialantic, FL 32903

Dmla Solomon 320 SW Coconut Key Way Port St. Lucie, GL 34986

Mark Molina 845 Kingsbridge Drive Ovicdo, FL 32765

Carolyn Snowden 3370 SW Hickory Place Palm City, FL 34990

Panicia Kozeluh 310 NW Toscane Trail Port St. Lucie, FL 34986

Tod F. Byers 672 Hawksbill Lland Drive Sattellite, FL 32937

Sherry K. Exam 1220 SE Glenwood Drive Apt. 4 Stuart, FL 34994