

LOS0000096467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

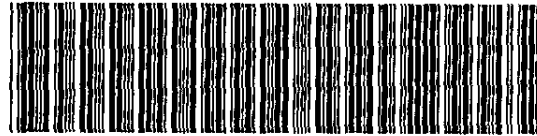
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

B. McKnight SEP 30 2005

DE BEAUBIEN, KNIGHT, SIMMONS, MANTZARIS & NEAL, LLP

**ATTORNEYS AND COUNSELLORS AT LAW
A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS**

**POST OFFICE BOX 87
332 NORTH MAGNOLIA AVENUE
ORLANDO, FLORIDA 32802-0087
(407) 422-2454
FACSIMILE (407) 849-1845**

September 22, 2005

Writer's Information
Email siacobs@dbksmn.com
Direct Dial (407) 992-3557

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

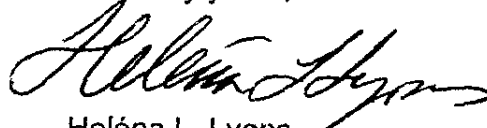
**Re: Application for the Limited Liability Company
TZD, LLC**

Dear Sir/Madam:

Enclosed please find the Cover Letter and Articles of Organization for Florida Limited Liability Company for "TZD, LLC", along with our firm check number 142922 in the amount of \$130.00, which represents the appropriate filing fee and Certificate of Status.

If you have any questions or concerns regarding the above-referenced Application, please do not hesitate to contact us at your convenience.

Very truly yours,



Heléna L. Lyons
Legal Assistant to
Stephen J. Jacobs

/hll
Enclosures

cc: Mr. John D'Elia

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TZD, 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:

Stephen J. Jacobs
(Name of Person)

de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP
(Firm/Company)

P.O. Box 87
(Address)

Orlando, FL 32802-0087
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen J. Jacobs at (407) 422-2454
(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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TZD, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

TZD, LLC

224 Via Tuscany Loop

Lake Mary, FL 32746

Mailing Address:

TZD, LLC

224 Via Tuscany Loop

Lake Mary, FL 32746

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stephen J. Jacobs

Name

332 North Magnolia Avenue

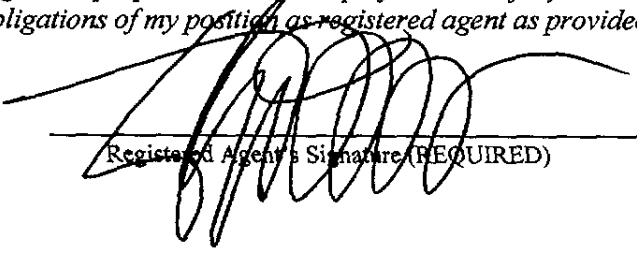
Florida street address (P.O. Box NOT acceptable)

Orlando, FL 32801

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS

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:

MGRM

John D'Elia

224 Via Tuscany Loop

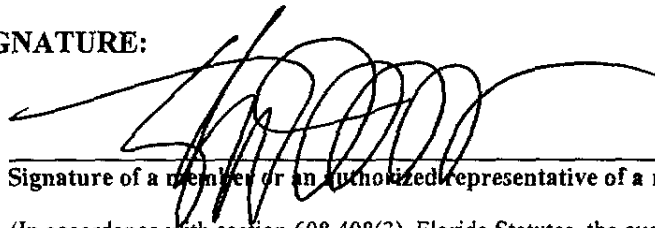
Lake Mary, FL 32746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Stephen J. Jacobs, Attorney for John D'Elia

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)