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| PICK-UP WAIT MAIL                       |      |
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| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of Status |      |
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M. HODGES

BRIAN R. TOUNG, P.A.

213 SILVER BEACH AVENUE

DAYTONA BEACH, FLORIDA 32118

BOARD CERTIFIED CIVIL TRIAL LAWYER

August 11, 2005

TELEPHONE (386) 255-3425 FACSIMILE (386) 252-9984 TOLL FREE (800) 365-8063

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32301

RE: TJ-ROMAR PROPERTIES, LLC

To whom it may concern:

Enclosed you will find the Operating Agreement / Articles of Organization regarding TJ-ROMAR PROPERTIES, LLC, a Florida Limited Liablity Company. Please file the same and forward a certified copy of the Articles to this office.

Also enclosed is a check for \$155.00 to cover the following costs and fees:

Filing Fee Certified Copy

125.00 30.00 \$155.00

Thank you for your assistance in this matter.

Very truly your

zérian r. tounc

BRT/dc Encls.



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 16, 2005

BRIAN R. TOUNG BRIAN R. TOUNG, P.A. 213 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118

SUBJECT: TJ-ROMAR PROPERTIES, LLC

Ref. Number: W05000038759

We have received your document for TJ-ROMAR PROPERTIES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 405A00052268

Michelle Hodges Document Specialist

# TRANSMITTAL LETTER

|             | egistration Se<br>ivision of Cor |   |  |  |
|-------------|----------------------------------|---|--|--|
| SUBJECT     | · <u>.</u> 1                     | J-Romar Properti                              | les, LLC   | <del></del>  |
|             |                                  | (Name of Limited                              | Liability Company)   |  |
| The enclos  | ed Articles of                   | Organization and fee(s) are su                | abmitted for filing.   |  |
| Please retu | m all corresp                    | ondence concerning this matter                | r to the following:  |  |
|             |                                  | Roosevelt Sharpe                              |  |  |
|             |                                  | 4)  | Name of Person)  |  |
|             |                                  | J-Romar Propert:                              |  | ·  |
|             |                                  | (I  | 7irm/Company)  |  |
|             |                                  | 11406 Classical I                             | Lane   |  |
| •           | · —                              |   | (Address)  | ·  |
|             | 5                                | Silver Spring, M                              | 20901  | -  |
|             | <u></u>                          | (City/  | State and Zip Code)  |  |
| For further | information of                   | concerning this matter, please                | call:  |  |
| Roose       | evelt S                          | narpe, Jr.                                    | at ( (301) 467-374<br>(Area Code & Daytime To                        | 7  |
|             | (Name                            | of Person)                                    | (Area Code & Daytime To  | elephone Number)   |
| Enclosed i  | is a check fo                    | r the following amount:                       |  |  |
| □ \$125.00  | Filing Fee                       | ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|             | CTTDE                            | ET ADDDECC.                                   | MATI INC. A  | DDDECC.  |

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTIC | EI. | - Name: |
|-------|-----|---------|
|-------|-----|---------|

The name of the Limited Liability Company is:

| TJ-Romar | Properties, | 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:

| 11406 Classical Lane    | 11406 Classical Lane    |
|-------------------------|-------------------------|
| Silver Spring, MD 20901 | Silver Spring, MD 20901 |

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

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

| Brian R. Toung, Esquire   |
|---|
| <br>Name  |
| 213 Silver Beach Avenue   |
| Florida street address (P.O. Box NOT acceptable)  Daytona Beach, FL 32118  FL |
| <br>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

(CONTINUED)

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:   |
|--|---|
| MGR  | Roosevelt Sharpe, Jr.<br>11406 Classical Lane<br>Silver Spring, MD 20901  |
|  |   |
| <u> </u>   |   |
| <u> </u>   |   |
| (Use attachment if necessary)  |   |
| NOTE: An additional article must be REQUIRED SIGNATURE:                            | e added if an effective date is requested.  |
| Signature of a member of   | or an authorized representative of a member.  |
| (In accordance with section of this document constitute that the facts stated here | on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.) |
|  | Sharpe, Jr. d 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)