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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TLB Mad 50n Heights 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:
Todd L. Borck
(Name of Person)
(Firm/Company)
615 Crescent Exec. Ct. Suite 120
(Address)
Lake May F 32746 City/State and Zip Code)
(City/State and Zip Code)
· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call: Valie BUS
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\sum_{\text{status}} \text{\$\sum_{\text{status}} \text{\$\sum_{\text{cortified Copy}} \text{\$\sum_{\text{cortified Copy}} \text{\$\text{certified Copy} \text{\$\text{(additional copy is enclosed)}} \text{\$\sum_{\text{certified Copy}} \text{\$\text{(additional copy is enclosed)}} \text{\$\text{\$\text{certified Copy} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{certified Copy} \text{\$\text{(additional copy is enclosed)}}}} \text{\$\text{\$\text{\$\text{certified Copy} \text{\$\text{(additional copy is enclosed)}}}} \$\text{\$\te
Mailing AddressStreet/Courler AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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:	
TLB Madison Heights, (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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Cols Crescent Exec. Ct. Stel 20 Laice Mary 12 32746	615 (rescent Exec. Ct. Ste 120 lake many, 12 32746
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are: Ξ_{\varnothing}
Saint-Lauren Name	Hoperties, LCC 22 F
1790 Le Sion Florida street addr	
Winter Park City, State, ar	FL 32789.

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) Page 1 of 2

The name and address of each Manag	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
- MgR.	Todd L. Borck 549 Teton Street Lake Mary, Fr. 32746
(Use attachment if necessary) A TCLE V: Effective date, if other than the n effective date is listed, the date must be 190 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days price
REQUIRED SIGNATURE:	OS NOV 22 PH
	er or an authorized representative of a member.
of this document const that the facts stated h	titutes an affirmation under the penalties of perjury
	Jd L. Borck. ped or printed name of signee
Filing Fees:	ped or printed name of signee

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)