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PHALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of C			
SUBJECT: TDL I	REAL ESTATE, LL	С	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
BRAD M	. WOLFE		<u>. </u>
		Name of Person)	AL 095
SLUTZK	Y, WOLFE AND E		L SEC
*************		(Firm/Company)	8-8
2255 Cl	JMBERLAND PK	(WY, BLDG 1300	D E P
		(Address)	FLORIE
ATLAN ¹	ΓA, GA 30339		DA C
		/State and Zip Code)	
For further information	a concerning this matter, please	call:	
BRAD M. WO	LFE	at (770 <u>) 438-80</u>	000
(Nam	ne of Person)	(Area Code & Daytime T	elephone 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)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: TDL REAL ESTATE, 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: Mailing Address: 10965 Chandon Way 10965 Chandon Way Duluth, GA 30097 Duluth, GA 30097 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: **ORLANDO TORRES** Name 16395 MARIPOSA CIRCLE NORTH Florida street address (P.O. Box NOT acceptable) PEMBROKE PINES 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..

(CONTINUED) Page 1 of 2 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 MGR	10965 Chandon Way
MGR	Orlando Torres 16395 Mariposa Circle North Pembroke Pines, FL 33331
MGR	Jeff Levitz 4251 Abercrombie Place Marietta, GA 30062
MGR	Barbara Deiner 10965 Chandon Way Duluth, GA 30097
(Use attachment if necessary)	<u> </u>
FICLE V: Effective date, if other than the effective date is listed, the date must r 90 days after the date of filing.)	te date of filing: N/A
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.)

BRAD M. WOLFE

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)