

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000011413)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone

: (239)344-1100

: (239)344-1200 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO

TF1-L, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

·01/05/2006 THU 14:52 FAX 239 344 1200 Henderson Franklin et al 850-205-0381

Ø 002/020

1/5/2006 1:09 PAGE 001/001 Florida Dept of State



January 5, 2006

FLORIDA DEPARTMENT OF STATE Davision of Corporations

HENDERSON, FRANKLIN

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6958.

Lee Rivers Document Specialist

FAX Aud. #: E06000001141 Letter Number: 906A00000724

FAX AUDIT NO.: HO6000001141 3

ARTICLES OF ORGANIZATION OF TF1-L LLC

ARTIÇLE I-NAME

The name of the limited liability company shall be TF1-L, LLC (the "Company").

ARTICLE II-STREET ADDRESS

The street address of the principal office of the Company is:

315 East New Market Road Immokalee, Florida 34142

ARTICLE III-MAILING ADDRESS

The mailing address of the principal office of the Company is:

P.O. Box 3088 Immokalee, Florida 34143

ARTICLE IV-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE V-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is

<u>Name</u>

<u>Address</u>

GUY E. WHITESMAN

1715 Monroe Street Fort Myers, Florida 33901

ARTICLE VI-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be

FAX AUDIT NO .: H06000001141 3

FAX AUDIT NO .: H06000001141 3

organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VII-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

<u>Name</u>

Address

MAXWELL L. PRESS

315 East New Market Road Immokalee, Florida 34143

The following persons are the initial Officers of the Company, who shall serve until the next annual meeting or until their successors are duly qualified and elected:

President:

MAXWELL L. PRESS

Secretary/Treasurer:

MAXWELL L. PRESS

ARTICLE VIII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

GUY E./WHITESMAN
Authorized Representative

FAX AUDIT NO .: H06000001141 3

FAX AUDIT NO.: H06000001141 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TF1-L, LLC.
- 2. The name and address of the registered agent and office is:

Guy E. Whitesman 1715 Monroe Street Fort Myers, Florida 33901

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.

GUY E. WHITESMAN Registered Agent

FAX AUDIT NO .: H06000001141 3