

### Florida Department of State

Division of Corporations Public Access System

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

Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1200

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

TF2-L, LLC

Certificate of Status	0
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January 5, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

HENDERSON, FRANKLIN

SUBJECT: TF2-LP, LLC
REF: W06000000485

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 a readily associated with or is commonly used to denote another type of readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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Lee Rivers Document Specialist FAX Aud. #: H06000001146 Letter Number: 706A00000728

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# ARTICLES OF ORGANIZATION OF TF2-L., LLC

#### **ARTICLE I-NAME**

The name of the limited liability company shall be TF2-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 these 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

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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.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this \_3 day of January, 2006.

> GUY E. WHITESMAN Authorized Representative

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# 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: TF2-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.

GÜY E/WHITESMAN Registered Agent

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