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(Requestor's Name)
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. PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE .

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: TBRS	Properties, LLC	d Liability Company)	 	-
The enclosed Articles of	of Organization and fee(s) are so			
Please return all corresp	pondence concerning this matte	r to the following:		
Robert A	Zimmerman			
(tobolt)		Name of Person)	· · ·	
	(Firm/Company)	<u> </u>	417
6991 N.	State Road 7, 2nd	d Floor		
	-	(Address)	M	, - ±
Parkland	I, Florida 33073		_ 	
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Robert A. Zimr	nerman		9-1900 Ž <u>s</u> 28	
(Name	e of Person)	(Area Code & Day	7-1900 ALL CRE TAR SECRE TAR SECRETAR S	7
Enclosed is a check for	or the following amount:		TAR) ASS	PARAMETER
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing F Certified Copy (additional copy is enclo	Certificate of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Section of Corporation Building 2661 Executive Tallahassee, FL	tion porations G Center Circle	

ARTÌCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	T	\mathbf{F}	T _	Na	m	۵.

The name of the Limited Liability Company is:

TBRS Properties, 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: 6991 N. State Road 7, 2nd Floor Parkland, Florida 33073 Mailing Address: 6991 N. State Road 7, 2nd Floor Parkland, Florida 33073

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:

Robert A. Zimmerman

Name

6991 N. State Road 7, 2nd Floor

Florida street address (P.O. Box NOT acceptable)

Parkland,

FL 33073

City, State, and Zip

ECRETARY OF STATE LAHASSEE. FLORUA

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 the position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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>	Name and Address:		
	"MGR" = Manager			
	"MGRM" = Managing Member			
MGR		Robert A. Zimmerman		
		6991 N. State Road 7, 2nd Floor	-	
		Parkland, Florida 33073	•	
	MGRM	David Strickland		
		6991 N. State Road 7, 2nd Floor	-	
		Parkland, Florida 33073	-	
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			-	-
	(Use attachment if necessary)	TAL	200	
			,	4
	ICLE V: Effective date, if other than the		JNAL)	
`		e specific and cannot be more than five business	days pric	Dr
to or	90 days after the date of filing.)	mo mo	-0	
		770		
	REQUIRED SIGNATURE:	SP S	••	18 T. STA
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	1 111	3		
	signature of a mombe	or an authorized representative of a member.		
	(In accordance with se	ction 608.408(3), Florida Statutes, the execution		
	of this document const	itutes an affirmation under the penalties of perjury		
	that the facts stated h	nerein are true.)		
	<u> No bert</u>	ped or printed name of signee		
	Ty	ped 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)