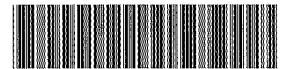
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(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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FILED
2006 FEB -6 PM 3: 49
2016 FEB -6 PM 3: 49

4 BAYMAN FEB 1 5 2008

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: TDMG	Investments, LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
Tracey D.	-		
	(Name of Person)	
TDMG Inve	estments, LLC		29
	(Firm/Company)	ERT
13865 SW	/ 39 Street		FILED 3: 49
		(Address)	85 2 O
Davie, Flo	orida 33330		6 PH 3: 4:0
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	PE
	<i>y</i> ,		
Tracey D. Dougla		at (954) 452-795	· ·· - · · · · · · · · · · · ·
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fe	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLE I - I	Name: e Limited Liabili	itu Compony i	a.		A Part of the Part	FILE PH 3: 19 is:
ine name of the	e Limited Liabili	ny Company n	S.		ALLAHASS	3 1
TDMG Investme	ents, LLC				SS	-0 'C
(Must end with the v	words "Limited Liabili	ity Company, "Lim	nited Company" or the	ir abbreviation "LLC	7," or "L.C., 15"	့ ၂ ႏွပ္သ
ARTICLE II -	Address:				, in	5
	dress and street a	address of the	principal office	of the Limited L	iability Com	hy is:
Principal Offic	e Address:		Mailing Ad	dress:		v
13865 SW 39 Stre	et		_Same			
Davie, Florida 333						٠.
<u> </u>						
(The Limited Liabili business entity with	- Registered Ag ity Company cannot se h an active Florida reg the Florida street	erve as its own Reg sistration.)	zistered Agent. You n	ust designate an indi	's Signature: vidual or another	
	Tracey D. Do	ouglas				
		Nam	ne			
	13865 SW 3	39 Street				
		Florida street a	ddress (P.O. Box N	OT acceptable)		
	Davie		FL 33330			
		City, State	e, and Zip			
liability con	named as register mpany at the plac nt and agree to a	e designated ir	n this certificate,	I hereby accept	the appointme	nt as

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

Title:	Name and Address:
'MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Ager or Managing Member is as follows: Name and Address: Tracey D. Douglas 13865 SW 39 Street Davie, Florida 33330
- : -	13865 SW 39 Street
	Davie, Florida 33330
MGMR	Michael A. Gilliard
	3984 University Club Blvd
	Jacksonville, Florida 32271
Use attachment if necessary)	
LE V: Effective date, if other than th	
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business d

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)

Typed or printed name of signee