## L06000046295

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| ,                                       |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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SECRETAGE OF STATE
TALL AHASSEF, FLORIDA

## COVER LETTER

| TO: Registration Division of | s Section<br>Corporations   |  |  |
|------------------------------|---|--|--|
| SUBJECT:                     |   | vestments  | LLC  |
|                              | (Name of Limite   | d Liability Company)   |  |
| The enclosed Article         | s of Organization and fee(s) are s  | ubmitted for filing.   |  |
| Please return all corre      | espondence concerning this matte  | er to the following:   |  |
|                              | Todd  | Burchard<br>Name of Person)  | 1+   |
| <u></u>                      |   | VESTMENTS (Firm/Company)   |  |
|                              | / / 0 :   | Pirm/Company)  |  |
|                              |   | (Address)  | •  |
|                              | Odessa,   | F( 3355) /State and Zip Code)  | 76   |
|                              | (City   | /State and Zip Code)   |  |
| For further information      | on concerning this matter, please   | call:  |  |
| TOd                          | ld Burchardt  | at ( <u>813</u> <u>4/6</u><br>(Area Code & Daytime T   | 1522   |
| (Na                          | me of Person)   | (Area Code & Daytime T   | elephone Number)   |
| Enclosed is a check          | for the following amount:   |  |  |
| □ \$125.00 Filing Fe         | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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<br>· Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| The name of the Limited Liability Company is                             | :  |
|--|--|
| Todd Inves   | tments LLC   |
| Must end with the words "Limited Liability Company, "Limi                | ited Company" or their abbreviation "LLC," or "L.C.,")   |
| ARTICLE II - Address:<br>The mailing address and street address of the p | principal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 6618 Thoroughbred Loop<br>Odessa Fr. 33556                               | same as principal  |
| Name 6618 Thor   | registered agent are:  Burchard +  SEC PH 28  Prophered Loop  Ovaphered Loop  Idress (P.O. Box Not acceptable)  FL 33556 |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 3

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  |  |
| MGRM  | TOOD Burchard+ 6618 Thoroughbred Loop Odessa, F1: 33556                |
| MGRM  | Cynthia Burchardt 6618 Thoroughbred Loop Odessa, A. 33556 Tic 8        |
|   | OAESS 9, FL. 3335 36 TSECOND FILE AA A A A A A A A A A A A A A A A A A |
|   | PH IZ: 40 SEE, FLOADE  |
|   |  |
| (Use attachment if necessary)   |  |
| ARTICLE V: Effective date, if other than the  | e date of filing: (OPTIONAL)   |
| (If an effective date is listed, the date must to or 90 days after the date of filing.) | ne specific and cannot be more than five business days prior           |

ARTICLE VI-INDEMNIFICATION. The Company shall indemnify any person who was or is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding if the Members determine that he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interest of the Company, and with respect to any criminal action proceeding, has no reasonable cause to believe his/her conduct was unlawful. The termination of any action, suit, or proceeding by ludgment, order, settlement, conviction, or upon a plea of "no lo Contendere" or its equivalent, shall not in itself create a presumption that the person did or did not act in good faith and in a manner which he reasonably believed to be in the best interest of the Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his/her conduct was lawful.

## **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.)

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)