

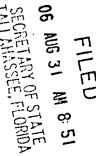
(Requestor's Name) (Address)	
(Address)	40007892
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/31/060100
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	H. C.

Office Use Only



5464

7--011 **130.00



COVER LETTER

Division of Co			
SUBJECT: TOW	/N OF TIOGA, LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are si	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
Luis A.	Diaz		
	C	Name of Person)	
	(Firm/Company)	
105 SV	V 128th Street, Ti	ioga. Suite 200	
		(Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Newbe	erry, FL 32669		•
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Cris Popp		at (352) 331-74	51
(Nam	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check f	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ´
(New Y-58 5	2 m ()	Carry Section in	To see to be a constitution of the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Town of Tioga, 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 print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
105 SE 128th Street, Tioga, Suite 200 Newberry, FL 32669	P.O. Box 13461 Gainesville, FL 32604
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Luis A. Diaz	
Name	
105 SE 128th Street, Ti	oga, Suite 200
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Newberry, FL 32669	FL
City, State, an	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
und	O6 AI SECRE JALLAI
Registered Agent's Signatu (CONTINU	JLED 31 M ARY OF S SSEE, FU

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Mar "MGRM" = M	nager Ianaging Member
MGR	DIBROS CORP 13151 W NEWBERRY ROAD
	TIOGA, FL 32669
	
	
(Use attachme	nt if necessary)
	ve date, if other than the date of filing: (OPTIONAL listed, the date must be specific and cannot be more than five business days e date of filing.)
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.)
	Luis A. Diaz

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