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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
/Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: SE	CURE IN	VESTING L	LC
	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
DAU	DA. PLO	Name of Person)	
	(Name of Person)	
		TNG L.L.C. (Firm/Company)	
	•	(Firm/Company)	
3795	LIBERTY	(Address)	
	/	(Address)	
FT	MIERS FL	3390B /State and Zip Code)	
	(City	/State and Zip Code)	
For further information c	oncerning this matter, please	call:	
DAULD A.	PLONSKI	at (239) 476- (Area Code & Daytime To	9318
(Name o	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
_	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addres	<u>s</u>
	Registration Section	Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Canada
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frincipal Office Address:	Winning Address:
SECURE INVESTING	
3795 LIBIATY SQ	3795 LIBERTY SO
FT MULRS	FT MYERS PL 33908
FL 3390B	7
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	
business entity with an active Florida registration.)	red Agent. You must designate an individual or another 9 S
•	<u> </u>
The name and the Florida street address of the re-	gistered agent are:
	<u> </u>
DAUID A. PL	ONSKI O TE
Name	
	Sø 3. 300 S
3795 LIBERTY	
Florida street addre	ess (P.O. Box NOT acceptable)
	0.4
HT MYERS	FL 73908 "
City, State, an	d Zip

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 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	DADID A. PLONSKI 3795 LIBERTY SP FT MYLES FL
(Use attachment if necessary	than the date of filing: <u>2-14-07</u> . (OPTIONA
	e must be specific and cannot be more than five business da
REQUIRED SIGNATURE	. :
	2 Sanst
	a member or an authorized representative of a member.
(In accordance of this document	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury cts stated herein are true.)

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)