

L07000047574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

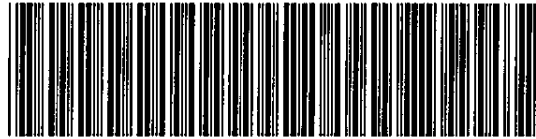
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

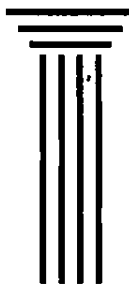
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -3 PM 3:43



**HADDAD &
SHUTTERA**
INJURY ATTORNEYS

ROYCE C. HADDAD, JR.
ROBERT J. SHUTTERA

6344 Roosevelt Boulevard
Clearwater, FL 33760

Telephone (727) 299-0449
Facsimile (727) 299-9181

www.flapersonalinjury.com

*A Professional Association
serving the Greater
Tampa Bay Area*

April 30, 2007

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: TST Financial Services, LLC

To Whom It May Concern:

Attached please find the fully executed Articles of Organization for TST Financial Services, LLC. Also enclosed is my firm's check for \$160.00 to cover the \$100 filing fee, \$25 Designation of Registered Agent, \$30 for a certified copy of the filed Articles, and \$5 for a Certificate of Status. Please file the Articles with the Secretary of State on a priority basis. Upon filing, please return the certified copy of the Articles to 6344 Roosevelt Blvd., Clearwater, Florida 33760 along with the Certificate of Status. Please also fax a copy of the filed Articles to 727-299-9181 as well as an invoice for the requested services.

Please contact me at the above address or at 727-299-0449 if you require any further information. Thank you for your prompt attention to this matter.

Sincerely yours,

HADDAD & SHUTTERA, P.A.

Robert J. Shuttera, Esq.

RJS/ah

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

TST FINANCIAL SERVICES, LLC

ARTICLE ONE

The name of the Limited Liability Company shall be:

TST FINANCIAL SERVICES, LLC

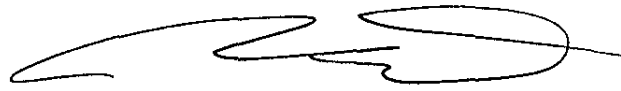
ARTICLE TWO

The mailing address and street address of the principal office of the Limited Liability Company is: 1300 Bakersfield Avenue, Deltona, Florida 32725.

ARTICLE THREE

The name and the Florida street address of the registered agent are: Robert J. Shuttera, 6344 Roosevelt Boulevard, Clearwater, Florida 33760.

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.



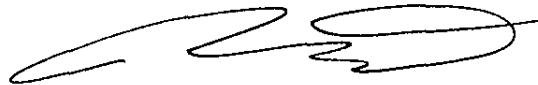
Registered Agent's Signature

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ARTICLE FOUR

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization on the 1 day of May 2007.



Robert J. Shuttera

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 1 day of May, 2007, by Robert J. Shuttera, who is personally known and who did take an oath.


NOTARY PUBLIC, State of Florida

Print Name

My Commission Expires:



Adel Harding
Commission # DD584081
Expires October 29, 2010
Bonded Troy Fain - Insurance, Inc. 800-385-7019