

LO7000078/44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

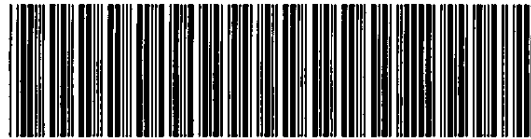
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TALLAHASSEE, FLORIDA

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**HADDAD &  
SHUTTERA**  
INJURY ATTORNEYS

ROYCE C. HADDAD, JR.  
ROBERT J. SHUTTERA

6344 Roosevelt Boulevard  
Clearwater, FL 33760

Telephone (727) 299-0449  
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[www.flapersonalinjury.com](http://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 Properties, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Attached please find the fully executed Articles of Organization for TST Properties, 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 PROPERTIES, LLC**

**ARTICLE ONE**

The name of the Limited Liability Company shall be:

**TST PROPERTIES, LLC**

**ARTICLE TWO**

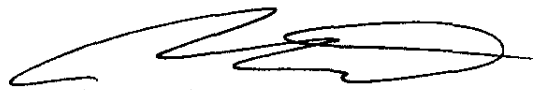
The mailing address and street address of the principal office of the Limited Liability Company is: 1300 Bakersfield Avenue, Deltona, Florida 32725.

**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

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2007 MAY 3 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Print Name

My Commission Expires:



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