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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TPCNJ, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Walker III

(Name of Person)

Moore Ingram Johnson & Steele, LLP

(Firm/Company)

192 Anderson Street

(Address)

Marietta, GA 30060

(City/State and Zip Code)

For further information concerning this matter, please call:

James D. Walker III

(Name of Person)

at ( 678 ) 784-2838

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# MOORE INGRAM JOHNSON & STEELE

A LIMITED LIABILITY PARTNERSHIP

WWW.MIJS.COM

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## TENNESSEE OFFICE

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OF COUNSEL:  
JOHN L. SKELTON, JR.†

† ALSO ADMITTED IN TN  
\* ALSO ADMITTED IN FL  
\*\* ALSO ADMITTED IN NM  
\*\*\* ALSO ADMITTED IN NC  
\*\*\*\* ALSO ADMITTED IN OH  
♦ ADMITTED ONLY IN TN  
♦♦ ADMITTED ONLY IN FL

June 4, 2007

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

Re: TPCNJ, LLC

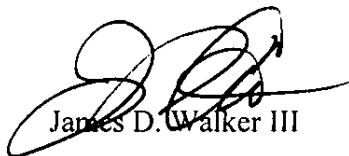
Dear Mr. Browning:

Enclosed herewith, please find the executed Articles of Organization for the above referenced limited liability company along with our firm's check in the amount of \$130.00 to cover the cost of the filing.

If you require anything further, if you have any questions, please do not hesitate to contact me directly at (678) 784-2838.

Very truly yours,

MOORE INGRAM JOHNSON & STEELE, LLP



James D. Walker III

JDW:kmb  
Enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TPCNJ, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

27 Acorn Way

Santa Rosa Beach, FL 32459

#### Mailing Address:

27 Acorn Way

Santa Rosa Beach, FL 32459

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Matthew J. Howard

Name

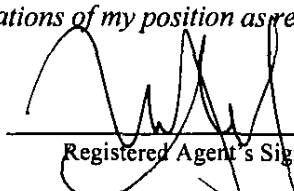
27 Acorn Way

Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459

City, State, and 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)

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DIVISION OF CORPORATIONS

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Matthew J. Howard

27 Acom Way

Santa Rosa Beach, FL 32459

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

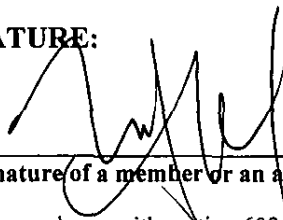
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Filing Date (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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.)

Matthew J. Howard

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)**