

LO7000094044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

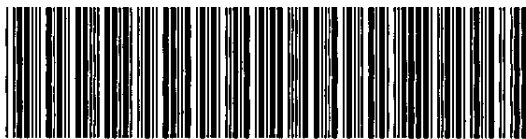
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



400109193694

09/13/07--01029--023 **1277.50

FILED
07 SEP 13 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA
LL.M. IN TAXATION

THE HAMILTON BUILDING
2799 NW Boca Raton Blvd., Suite 203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

VIA NEXT DAY DHL

May 29, 2007

State of Florida
Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TFMD MANAGEMENT LLC
TFMD PARTNERS LLLP

FILED
07 SEP 13 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Please find enclosed for filing two (2) original Articles of Organization for the above LLC and two (2) original Certificates for the above LLLP. Please first certify the LLC, as it will act as General partner for the LLLP

Also enclosed is our check for \$1,277.50, made payable to the Florida Department of State, which represents all appropriate filing fees for both entities.

Please return the completed paperwork to me at the address noted above. A self-addressed, pre-paid DHL envelope is enclosed for your convenience.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta

SAS/dc
Enclosures

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

ARTICLE I - NAME

The name of the Limited Liability Company ("Company") is: TFMD Management LLC

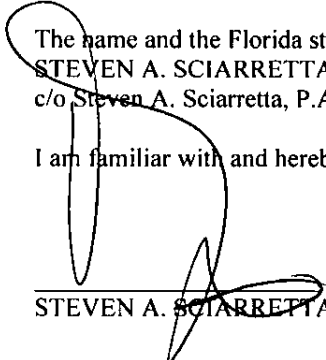
ARTICLE II - PRINCIPAL ADDRESS

The mailing address and street address of the principal place of business of the Company is:
c/o Steven A. Sciarretta, Esquire, 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent are:
STEVEN A. SCIARRETTA
c/o Steven A. Sciarretta, P.A., 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431.

I am familiar with and hereby accept the obligations to act as Registered Agent.



STEVEN A. SCIARRETTA

FILED
07 SEP 13 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who are to serve as manager(s) is/are:

Steven A. Sciarretta, Esquire
2799 NW Boca Raton Blvd., Suite 203
Boca Raton, FL 33431



STEVEN A. SCIARRETTA, ESQUIRE