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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
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DIVISION OF CORPORATIONS

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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	TLP MANAGEMEN	Γ. LLC			
SUBJE	~ · · · · · · · · · · · · · · · · 	ited Liability Comp	any)	· ··	-
The enc	losed Articles of Organization and fee(s) are	e submitted for filin	g.		
Please r	eturn all correspondence concerning this ma	atter to the following	<u>;</u> :		
(Collin M. West				
-		(Name of Person)			
	TLP MANAGEMENT, L	.LC			SECRETARY SECRET
_		(Firm/Company)			2 200
_	1415 SE 1st Street				-5 PH
		(Address)			STA ORA
	Fort Lauderdale, FL 33	301			RATEN L: 07
-	(C	ity/State and Zip Cod	2)		· · · · · · · · · · · · · · · · · · ·
For furt	ner information concerning this matter, pleas	se call:			
Coll	n M. West	at (917	, 570-88	803	
-	(Name of Person)			lephone Number)	-
Enclose	ed is a check for the following amount:			٠	
□\$125.0	00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing I Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporation Building ecutive Center see, FL 32301	s	

INTICEES OF ORGANIZATION FOR TE	ORIDA LIMITED LIABILITY COMPANY
ADTICLETAN	OT WISE
ARTICLE I - Name: The name of the Limited Liability Company is:	8 9
The name of the Limited Liability Company is.	
	5 CA
TLP MANAGEMENT, LLC	Z 999
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ty Company. "L.L.C.," or "LI.C.") Incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1415 SE 1st Street	Sama
Fort Lauderdale, FL 33301	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. Gregory McDowm	ered Agent. You must designate an individual or another egistered agent are:
Name	
1415 SE 1st Stree	at .
	ress (P.O. Box <u>NOT</u> acceptable)
•	L 33301
Fort Lauderdale, F	

(CONTINUED) Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing N	Member
MGRM	Leotis C. Clyburn III
	PO Box 229
	New York, NY 10276
MGRM	PO Box 229 New York, NY 10276 Gregory Mcbowman 1415 SE 1st Street Fort Lauderdale, FL 33301 Collin M. West
	1415 SE 1st Street
	Fort Lauderdale, FL 33301
MGRM	Collin M. West
	4781 NW 20th Street
	Lauderhill, FL 33313
(Use attachment if neces	sary)
T.F.V. Effective data if	other than the date of filing: 10/31/07 . (OPTIONAL)
	date must be specific and cannot be more than five business days p
days after the date of fi	
many to market with the total the transfer of the	·
DECLUDED CLCMATI	IDE.
REQUIRED SIGNATU	JKE:
	1001
(

(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.)

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)

Collin M. West