

LO7000119981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

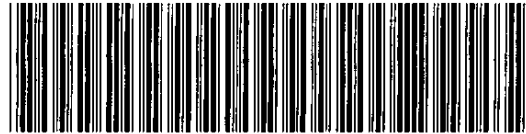
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W07-57915

07 NOV 30 PM 1:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/3

2500 N. Military Trail #260, Boca Raton, Florida 33431
• Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein, Port &
Gross, PA**

November 30, 2007

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314
Att: Gina McLeod

**Re: TD ASSOCIATES GROUP, LLC
W07000057915**

We are sending a name revision and paperwork for the Florida Limited Liability Company. The Transmittal Letter and Articles of Organization are filled out and signed. You already have our check for \$130.

All correspondence should be through our office. We would appreciate if you could Fed Ex this back to us. I have enclosed a return Fed Ex for your convenience. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TD ASSOCIATES GROUP, 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:

Barbara P. Schwartz

(Name of Person)

Goldstein, Port & Gross, PA

(Firm/Company)

2500 N. Military Trail # 260

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Schwartz

(Name of Person)

at (561) 953-1050

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TD ASSOCIATES GROUP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

same

Mailing Address:

1290 SW Thomas Court
Port St. Lucie, FL 34953

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:

Tracy D. Steele

Name

1290 SW Thomas Court

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

Port St. Lucie FL 34953

City, State, and Zip

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DIVISION OF CORPORATE REGISTRATION

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)

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

"MGRM" = Managing Member

Name and Address:

MGRM

DKT Group Limited Partnership by Tracy D. Steele

1290 6W Thomas Court

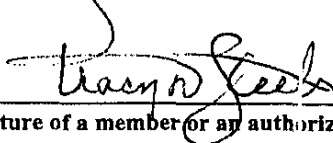
Port St. Lucie, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Tracy D. Steele

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)