L08000038634

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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
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(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ļ
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BEET LINES

T. HAMPTON

APR 1 7 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TBR LLC	ed Liability Company)	
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
_ John	A. Rankin	(Name of Person)	
		(Name of Person)	
_ TBI	R. LLC	(Firm/Company)	
_			
P. O.	Box 4667 1a, FL 34	(Address)	
		(Address)	
_ Oca	1a, FL 34	478	
	(Cit <u>i</u>	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
John A. R. (Name	ankin of Person)	_at (35	3316 phone Number)
Enclosed is a check for	or 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 C	



RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 25, 2008

JOHN A RANKIN P O BOX 4667 OCALA, FL 34478

SUBJECT: T B R, LLC

Ref. Number: W08000015425

We have received your document for T B R, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000117521 (TBR LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00017738

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.IC.," or "L.I.C.")	ala,	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	Company	is:
Principal Office Address: Mailing Address:		
21195, E Fort King 5+ P.O. BOX 4667 Deals, FL 34471 Ocala, FL 34471	<u> </u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: John A. Rankin Name		
Having been named as registered agent and to accept service of process for the above sta- liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prov- statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 6	ntment as visions of a ur with and	all
Begistered Agent's Signature (REQUIRED)	08 APR 16	SECRETAR DIVISION OF C
(CONTINUED) Page 1 of 2	PM 3: 59	Y OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgRm	John A. Romtin P.O. Box 4667 Ocala, FL 34478
MGRM	Wesley J Butler 1805 SEILETH AVE Suite 130 Ocala FL 34471
MGRM	Wade G. Tackett P.O. Box 1343 Ocklawaha, FL 32183
(Use attachment if necessary)	
	he date of filing: (OPTIONAL be specific and cannot be more than five business days
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.)

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)