

L0800000052503

(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:

Office Use Only

G. MCLEOD

MAY 28 2008

EXAMINER



100130104091

05/27/08--01034--020 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 27 PM 4:10

TO: Registration Section
Division of Corporations

SUBJECT: D/TBK, LLC

The enclosed **ARTICLES OF ORGANIZATION** and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL SIDNEY ELLIOTT
Attorney at Law
P. O. Box 274204
Tampa, Florida 33688-4204

For further information concerning this matter, please call:

PAUL SIDNEY ELLIOTT at (813) 265-1314

Enclosed is a check for the following amount: **\$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

OF

D/TBK, LLC

ARTICLE I - NAME

The name of the limited liability company is **D/TBK, LLC**, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

5105 North Armenia Avenue
Tampa, Florida 33603-1405

Mailing Address:

P. O. Box 18621
Tampa, Florida 33679-8621

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

DENNIS SEBASTIAN AGLIANO
5105 North Armenia Avenue
Tampa, Florida 33603-1405

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..



DENNIS SEBASTIAN AGLIANO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 4:10

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

DENNIS SEBASTIAN AGLIANO

P. O. Box 18621

Tampa, Florida 33679-8621

MGMR

TAMARA LYNNE AGLIANO PATRICK

212 Highgrove Court

Simpsonville, South Carolina 29681-3663

MGMR

BRIAN DENNES AGLIANO

4614 West Bay Villa Avenue

Tampa, Florida 33611-1104

MGMR

KRISTEN MICHELLE AGLIANO HARDING

312 North Bradford Avenue

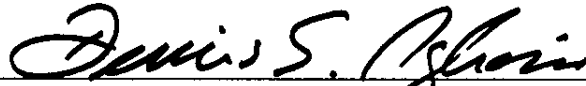
Tampa, Florida 33609-1504

ARTICLE V - OTHER MATTERS

- a. Pursuant to section 608.4235 of the Florida Limited Company Act, **NO** member of the Company shall be an agent of the Company solely by virtue of being a member.

b. Any **OPERATING AGREEMENT** (as defined in Section 608.402(24) of the Act) ,
relating to this Limited Liability Company must be in writing and signed by all of the members.

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.)

DENNIS SEBASTIAN AGLIANO

Typed or printed name of signee

5/22/08

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF D/TBK, LLC**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **D/TBK, LLC**, SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED
AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **D/TBK, LLC**.

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

DENNIS SEBASTIAN AGLIANO

5105 North Armenia Avenue

Tampa, Florida 33603-1405 (Post office box is NOT acceptable.)

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, Florida Statutes.



DENNIS SEBASTIAN AGLIANO
Registered Agent

5/22/08