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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
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C. LEWIS
12-4-08
EXAMINER

COVER LETTER

Division of Corporat	ions		
SUBJECT: TO Cor	stracting LLC		
30 10 101.	(Name of Limited Liab	ility Company)	
The enclosed Articles of Organ	ization and fee(s) are submitt	ed for filing.	
Please return all correspondence	e concerning this matter to th	e following:	
Timothy	D. Reese	of Person)	
TO Contrac	Hing LLC (Firm C	,	
0 - 0	(Firm C	Company)	
P.O. Box	66435	dress)	
0	(Adam) (City State a		
Orange Par	rK Florida (City State a	37065 and Zip Code)	
•		. ,	
For further information concern	ning this matter, please call:		•
T, mothy D. Rea (Name of Person	Se at(904 , 859- (6097
(Name of Perso	on)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the fo	ollowing amount:		
\$125.00 Filing Fee \$13 Cer	tificate of Status Ce	55.00 Filing Fee & Description of Exercised Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2008

TIMOTHY D. REESE P.O. BOX 66435 ORANGE PARK, FL 32065

SUBJECT: TD CONTRACTING LLC

Ref. Number: W08000051422

We have received your document for TD CONTRACTING LLC and your check(s) totaling \$160.00. 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.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

D''' CO C DO DOY GOOD MILL EL 11 0001

Letter Number: 008A00056913

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE ARTICLE I - Name: TALLAHASSEE, PLORIDA

The name of the Limited Liability Company is:

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:	Mailing Address:
1716 blen Laurel Dr Middleburg FL 32068	P.O. Box 66 435 Orange Park FL 32065
Middleburg FL 32068	Orange Park FL 32065
0	

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.)

(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:

Nancy Aleman
9275 Cumberland Station Dr
Florida street address (P.O. Box NOT acceptable)
JacksonvilleFL 32257
City, State, and Zip

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

Title:	ger or Managing Member is as follows: 2008 NOV 10 PM
"MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF TALLAHASSEE. F
MGRM	Timothy D Reese
	1716 Glen laurel Dr Middleburg FL 32068
MGRM	Derek Lamy
	1854 Alberta Ct Middleburg FL 37068
(Use attachment if necessary)	

REQUIRED SIGNATURE:

gnature 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.)

Timothy D. Reese
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)