

L08000118047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

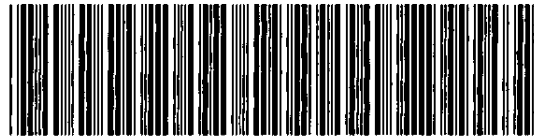
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Certified Copies _____

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2008 DEC 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 31 2008

EXAMINER

BROWN & KNIGHT, LLC
ATTORNEYS AT LAW

180 WELLS AVENUE SUITE 106
NEWTON, MASSACHUSETTS 02459
TELEPHONE (617) 928-3300
FAX (617) 928-3301
www.bktaxlaw.com

December 29, 2008
Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TKMF, LLC

Dear Sir or Madam:

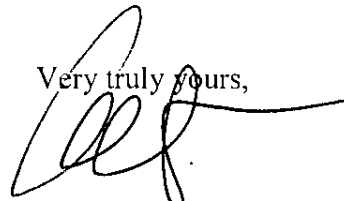
Enclosed for filing please find the Articles of Organization for the above captioned limited liability company. I have enclosed a check payable to the Florida Department of State for \$125.00 for the filing fee.

I have also enclosed a photocopy of this document to be date stamped and returned to me in the enclosed self-addressed stamped envelope. Kindly address all correspondence to the following address:

Michael S. Knight, Esq.
Brown & Knight, LLC
180 Wells Ave. #106
Newton, MA 02459

If you have any questions, please contact me.

Very truly yours,



Michael S. Knight

Enclosures
JMB\efp
Benson\FLSecStateLtr

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TKMF, 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:

22 Salisbury Road
Brookline, MA 02445

Mailing Address:

22 Salisbury Road
Brookline, MA 02445

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:

Jack Bouchard

Name

1125 Lighthouse Court

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

Marco Island, 33937 FL

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)

FILED

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Richard D. Benson

22 Salisbury Road

Brookline, MA 02445

(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.)

Richard D. Benson

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)