# L09000002302

(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



600139057366

12/19/08--01032--006 \*\*155.00



C. LEWIS
1-8-09
EXAMINER

### **COVER LETTER**

TO: Registration S Division of C			
SUBJECT:	TSG Co	nstruction, LLC	<u> </u>
<del></del>	(Name of Resulting	Florida Limited Company	)
	isiness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in
Please return all corr	espondence concernin	g this matter to:	
	Tony S. Grant		
	(Contact Person)		,
	TSG Construction		
	(Firm/Company)		
24	124 Townsquare Drive		
<del></del>	(Address)		
la	cksonville, FL 32216		
<del></del>	City, State and Zip Code)		
	only, batto and any boday		
For further informati	on concerning this ma	tter, please call:	,
Tony S. G	Frant	at ( 904 ) 53	5 - 7515
(Name of Contact Person)			ytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	Section
Division of Corporations		Division of C	
Clifton Building		P. O. Box 63	
2661 Executive Center Circle		Tallahassee,	FL 32314
Tallahassee, FL 32301			and the second second



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2008

TONY S. GRANT TSG CONSTRUCTION 2424 TOWNSQUARE DR. JACKSONVILLE, FL 32216

SUBJECT: TSG CONSTRUCTION INC.

Ref. Number: P07000017008

We have received your document for TSG CONSTRUCTION INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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

Letter Number: 308A00061255

Division CO and the DO DOY COOK Mellahaman Flacida 90914

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	ecr.	TSG Con	struction, LLC		
(Name of Limited Liability Company)					
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	condence concerning this ma	tter to the following:		
		Т	ony S. Grant		
			(Name of Person)		
	TSG Construction				
	(Firm/Company)				
		2424	Townsquare Drive		
	<del></del>	· · · ·	(Address)		
		Jacks	onville, FL 32216		
,		(C	ty/State and Zip Code)		
For fur	ther information	concerning this matter, please	e call:		
	Tony	S. Grant	at ( 904 ) 535 - 7515		
	(Name	e of Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a check for	or the following amount:			
<b></b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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		

2009 JAN -7 PM 3: 55

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SACRETARITY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:	9 4 - 19 համ համ (27 - 1) ան համ հետ
The name of the Limited Liability Company	v is:
TSC Constr	ustion IIC
Must and with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
(Midsi end with the words   Limited	Liability Company, E.E.C., or EEC.
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1530 Whitlock Avenue #8	2424 Townsquare Drive
Jacksonville, FL 32211	Jacksonville, FL 32216
ADTICLE III - Degistered Agent Degist	ared Office & Degistered Agent's Signatures
(The Limited Liability Company cannot serve as its own l	ered Office, & Registered Agent's Signature: 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:
·	
·	S. Grant
N	ame
2424 Towr	nsquare Drive
Florida stree	et address (P.O. Box NOT acceptable)
Jacksonville	<sub>FL</sub> 32216
City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	Ito accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
	A TOPOURED
Registered Agent's S	Ignatule (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

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

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

2009 JAN -7 PM 3: 55

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	SECRETATY OF TALLAHASEE.
MGR	Tony S. Grant
	2424 Townsquare Drive
	Jacksonville, FL 32216
MGRM	Sheila M. Grant
	2424 Townsquare Drive
	Jacksonville, FL 32216
<del></del>	
<del></del>	
(Use attachment if necessary)	
	he date of filing: 01/01/2009 (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mep	per of 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

Tony S. Grant
Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)