

LD9100000008328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

JAN 27 2009

EXAMINER

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01/26/09--01053--009 **130.00

FILED
09 JAN 26 AM 8:56
STATE OF FLORIDA
TALLAHASSEE

Douglas Jackson
5004 Oakhurst Walk
Atlanta, GA 30338


January 23, 2009

Florida Dept. of State,

Please accept these registration materials and payment for the formation of The T2PJ Group, LLC.

Should you have any questions, I can be reached at 813.340.9761.

Regards,



Douglas W. Jackson

Alternatively, you may contact:

Michelle Tannu

19 MLK Street South

St. Petersburg, FL 33705

813.505.4384

With questions should I be unavailable.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The T2PJ Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doug Jackson

(Name of Person)

Shared Vision Marketing

(Firm/Company)

5004 Okhurst Walk

(Address)

Atlanta, GA 30338

(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Jackson

(Name of Person)

813

at (

3409761

) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The T2PJ Group, 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:

19 MLK Street South
St. Petersburg, FL 33705

Mailing Address:

5004 Oakhurst Walk
Atlanta, GA 30338

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:

Michelle Tannu

Name

5545 14TH Avenue North

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

Saint Petersburg, FL 33710

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.

Michelle Tannu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michelle Tannu
5545 14th Avenue North
St. Petersburg, FL 33710

MGR

Chris Parks
5545 14th Avenue North
St. Petersburg, FL 33710

MGR

John Pembroke
3211 West Hawthorne Road
Tampa, FL 33611

MGR

Doug Jackson
5004 Oakhurst Walk
Atlanta, GA 30338


(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.)

Douglas W. Jackson

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)

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TALLAHASSEE, FLORIDA