

W9 000012874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

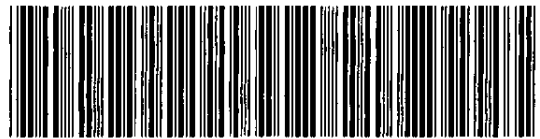
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 9 2009

EXAMINER



MIAMI - WEST PALM BEACH - TAMPA - KEY WEST - FT. LAUDERDALE - NAPLES - JACKSONVILLE - ORLANDO

DADELAND CENTRE II
9150 SOUTH DADELAND BOULEVARD, SUITE 1400
P.O. BOX 569015
MIAMI, FLORIDA 33156

TELEPHONE (305) 350-5300
FACSIMILE (305) 373-2294

WEBSITE www.csklegal.com
DIRECT LINE (305) 350-5331
EMAIL henry.marinello@csklegal.com

January 30, 2009

Via US Mail

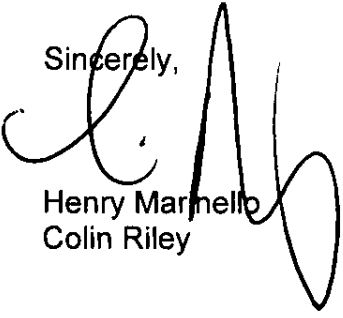
Registration Section
Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the application for a Florida LLC conversion forms for Tracy Diamond Shield, LLC. Also attached is a check for one hundred sixty (\$160.00) to cover the filing fee, certified copy, and certificate of status.

If you have any questions or if any of the information is missing regarding the following LLC, please do not hesitate to contact me at my office, at 305-350-5300.

Sincerely,



Henry Marinello
Colin Riley

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Tracy Diamond Shield, 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:

Henry Marinello, Esq.
(Name of Person)

Cole, Scott, and Kissane
(Firm/Company)

9150 S. Dadeland Blvd., Suite 1400
(Address)

Miami, Florida 33156
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Henry Marinello at (305) 350-5331
(Name of Person) (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:

Tracy Diamond Shield, 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:

12700 Biscayne Blvd., Suite 402
North Miami, FL 33181

Mailing Address:

12700 Biscayne Blvd., Suite 402
North Miami, FL 33181

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:

Henry Marinello, Esq.
Name

9150 S. Dadeland Blvd., Suite 1400

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

Miami, FL 33156 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.

Henry Marinello, Esq.
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:

MGRM

Tracy Roth

12700 Biscayne Blvd, Suite 402

North Miami, FL 33181

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TALLAHASSEE, FLORIDA

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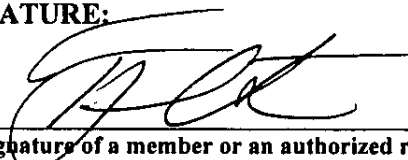
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(Use attachment if necessary)

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:

 PRESIDENT
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.)

Tracy Roth

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)