

LU9000024310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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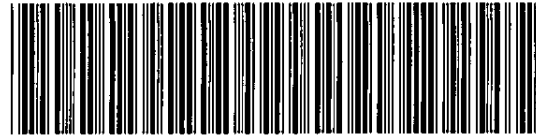
(Business Entity Name)

(Document Number)

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09 MAR 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 MAR 12 AM 10:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAR 12 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 921528 83838A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

FILED
09 MAR 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 11, 2009

ORDER TIME : 4:58 PM

ORDER NO. : 921528-005

CUSTOMER NO: 83838A

DOMESTIC FILING

NAME: TSOP, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TSOP, 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:

925 S. Federal Highway

Suite 425

Boca Raton, FL 33432

Mailing Address:

925 S. Federal Highway

Suite 425

Boca Raton, FL 33432

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:

Shapiro, Blasi, Wasserman & Gora, P.A.

Name

7777 Glades Road, Suite 400

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

Boca Raton FL 33434

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.

SHAPIRO, BLASI, WASSERMAN & GORA

BY: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

Steven Levin

925 S. Federal Highway, Suite 425

Boca Raton, FL 33432

Member

Thomas Schwartz

925 S. Federal Highway, Suite 425

Boca Raton, FL 33432

Member

Kayfam Company

925 S. Federal Highway, Suite 425

Boca Raton, FL 33432

Member

Steven Levin, Trustee-Steven Levin F/T 2000

925 S. Federal Highway, Suite 425

Boca Raton, FL 33432

(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:

/s/Steven Levin

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.)

STEVEN LEVIN

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)