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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P	
<u>.</u>	(Business Entity Name)	
	(Document Number)	
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B. KOHR

JUL 2 9 2009

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE: 079524 7693832

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE: July 28, 2009

ORDER TIME : 2:03 PM

ORDER NO. : 079524-005

CUSTOMER NO: 7693832

DOMESTIC FILING

NAME:

TC ISLAND CLUB INVESTMENT,

LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

TC ISLAND CLUB INVESTMENT, 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 A	<u> Adaress:</u>	<u> Maining Address:</u>
3850 Bird Rd.,		3850 Bird Rd.
8th Floor		8th Floor
Miami, FL 33146		Miami, FL 33146
(The Limited Liability C business entity with an	ompany cannot serve active Florida registra	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
		Cantrowitz, Esq.
	Howard A. A	Name
	3850 Bird Ro	i., 8th Floor
	FI	orida street address (P.O. Box NOT acceptable)
	Miami	_{FL} 33146

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..

Howard A. Ka	ntrowitz Esq.
BY:	
Registered Age	nt's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Tomas Cabrerizo 3850 Bird Rd., 8th Floor Miami, FL. 33146 (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 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.) Howard A. Kantrowitz, Esq.

Filing Fees:

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

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

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

Typed or printed name of signee