

L10000024965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2010 MAR -4 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
MAR 5 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2010

ALBERT J. GAMOT, JR. ESQ.
2701 PGA BLVD., STE. C
PALM BEACH GARDENS, FL 33410

SUBJECT: TME PROPERTIES, LLC
Ref. Number: W10000010210

We have received your document for TME PROPERTIES, LLC 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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/Qualification Section

Letter Number: 510A00004967

The Gamot Law Firm, P.L.

ALBERT J. GAMOT, JR., P.A.¹
MELINDA PENNEY GAMOT, P.A.²
N. NICOLE GAMOT, P.A.

¹ALSO ADMITTED IN MISSISSIPPI
²BOARD CERTIFIED IN MARITAL & FAMILY LAW
FELLOW, AMERICAN ACADEMY OF
MATRIMONIAL LAWYERS



OF COUNSEL
ROSANNA FERRARI, P.A.

PARALEGAL STAFF
DEBRA McPHERSON HALL, B.S., C.L.A.

March 4, 2010

Ms. Carolyn Lewis
Regulatory Specialist II
FLORIDA DEPT. OF STATE
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TME Properties, LLC
Letter Number: 510A00004967

Dear Ms. Lewis:

In accordance with your letter dated March 1, 2010, enclosed are the original and copy of the corrected Articles of Organization regarding the above matter. You have our check for filing fees.

Sincerely,

Debra McPherson Hall
BS, CLA

/dmh
Enclosures as stated



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TME PROPERTIES, 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:

ALBERT J. GAMOT, JR., ESQUIRE
Name of Person

THE GAMOT LAW FIRM
Firm/Company

2701 PGA Boulevard, Suite C
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

Albert@gamotlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Hall at (**561**) **832-5500**
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:

TME PROPERTIES, 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:

Mailing Address:

1401 WASHINGTON AVENUE
DELRAY BEACH, FL 33444

Post Office Box 8317
Delray Beach, FL 33482

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:

Albert J. Gamot, Jr., Esquire
Name

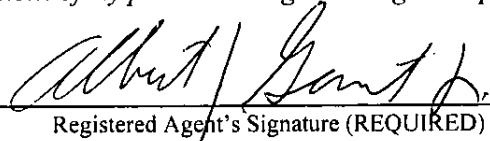
2701 PGA Boulevard, Suite C
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33410
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
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:

MGR/MGRM

Marvin Andrews

14083 88th Place

Loxahatchee, FL 33470

MGR/MGRM

Tonie Andrews

4831 NW 19th Street

Lauderhill, FL 33313

MGR/MGRM

Elnora C. Mitchell

Post Office Box 8317

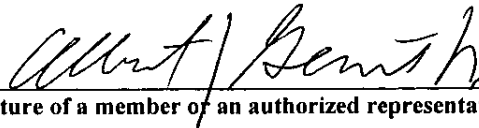
Delray Beach, FL 33482

(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.)

Albert J. Gamot, Jr., Esquire

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)