L10000066237

(Requestor's Name)
(Address)
(Address)
(City(Chaba (7) or (Dhaba - 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
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TALLAHASSEE, FLORIDA TO ACKNOWLEDGE
SUFFICIENCY OF FILE

ENT OF STATE CORPORATIONS

S. HAWKES

JUN 2 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TCF DAddy Maintenance 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:
Edward Ricord Name of Person
Firm/Company ·
3913 CHAIRES CROSSROAD
CROSSRI Q EMBARO MA. Com E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (852) 877 - 4510 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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:

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

75/13 CHAYER CROSSROAL TANAHASSEE FLORICA	SAUL
TAMAHASSEE FLORICA	JHWE.
32317	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature
The Limited Liability Company cannot serve as its own Regi	

The name and the Florida street address of the registered agent are:

Name

S913 CHANES CROSSROAD

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

TALLAHASSEE FL EC 32317

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MCRM	Eduard E. Richer 3913 CHATRET CROSSRATED TAMAHASSEE FLORIDATE	17
·		
(Use attachment if necessary)		
FICLE V: Effective date, if other than the effective date is listed, the date must r 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr	ior
REQUIRED SIGNATURE:		

Typed or printed name of signee

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

Filing Fees:

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

that the facts stated herein are true.)

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