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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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10 JUN 29 AM 10:46
DIVISION OF STATE
CORPORATIONS

FILED
10 JUN 29 AM 9:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUL - 1 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 431227 4354503

AUTHORIZATION :

Susie Knight

COST LIMIT : \$ 125.00

10 JUN 29 AM 9:48
DIVISION OF CORPORATIONS
SECRETARY OF STATE

ORDER DATE : June 28, 2010

ORDER TIME : 9:04 AM

ORDER NO. : 431227-005

CUSTOMER NO: 4354503

DOMESTIC FILING

NAME: AF ACQUISITION COMPANY, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2010

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: AF ACQUISITION COMPANY, LLC
Ref. Number: W10000031031

RESUBMIT

Please give original
submission date as file date.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 JUN 30 PM 1:47
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
10 JUN 29 AM 9:48
DIVISION OF CORPORATIONS

We have received your document for AF ACQUISITION COMPANY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 810A00015944

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOUCHDOWN ACQUISITION COMPANY, 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:

c/o Florida Bank Group, Inc.
201 North Franklin Street, Suite 2800
Tampa, FL 33602

Mailing Address:

c/o Florida Bank Group, Inc.
201 North Franklin Street, Suite 2800
Tampa, FL 33602

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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)

Sue G. Knight
as its agent

(CONTINUED)

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FILED
DIVISION OF CORPORATIONS
10 JUN 29 AM 9:48

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

Florida Bank Group, Inc.

201 North Franklin Street, Suite 2800

Tampa FL 33602

(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.)


Typed or printed name of signer

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)