# L10000102744

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**EXAMINER** 





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2010

KIERAN P FALLON KIERAN P. FALLON, P.A. 436 SW 8 STREET STE. 200 MIAMI, FL 33130

SUBJECT: TG2222HOLDINGS, LLC.

Ref. Number: L10000102744

10 OCT 20 AM # 25
SUCKETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TG2222HOLDINGS, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6984.

Letter Number: 110A00023932

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division o	f Corporations					
SUBJECT:	TG222	22 HOLDINGS	S, LLC.			
	Name of	Limited Liability Co	mpany			
Dear Sir or Madam	:					
The enclosed Articl	es of Correction and fee(s) are	submitted for filing.				
Please return all cor	respondence concerning this r	natter to the followin	g:			
	KIERAN P. FALLON		_			
	Name of Person		_			
<u></u>	(IERAN P. FALLON, P	.A.				
	Firm/Company			SEC ALL	10 OCT 20	
43	6 SW 8 STREET STE.	.200			S	٠
	Address		_	SS	20	5
	MAIAMAL EL ODIDA 2243	>n		Y OF		9
	MIAMI, FLORIDA 3313 City/State and Zip Code	50	<del>-</del>	S	~ ≥	(
FAL E-mail addres	LON@KFALLONLAW s: (to be used for future annua	.COM I report notification)	· –	RIDA	25	
For further informa	tion concerning this matter, plant	ease call:				
KIERAN	N P. FALLON, ESQ.	at ( 305	961-2900			
	ame of Person		ode & Daytime Telephone Number			
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a chec	k for the following amount:					
\$25 Filing Fee	\$30 Filing Fee & [ Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (08/05)						

#### ARTICLES OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	: The n	ame of the lin	nited liability com Γ <mark>G 2222 HOL</mark> [	oany is: DINGS, LLC.		
<u>SECO</u>	<u>ND</u> : The a	rticles of orga	nization or the app	olication to transact by	usiness	
<u>(CH</u>	ECK THE A	PPROPRIATE	BOX AND COM	PLETE THE APPLIC	ABLE STATEM	<u>ENT</u>
<b>√</b>	incorrect, and	d the corrected	statement are as f	ct statement, the reas follows: lember(s) should b		is
	MGRM; 2P	J, INC. ; 888	Kingman Road F	lomestead,FL 3313	35	<del></del>
	no other ch	anges needs	to be done.	<del></del>		<del></del>
			he manner in whic are as follows:	h the document was o	defectively signed	l and
					AHASSEE, FLORIC	OCT PO AM #120
Dated:	Sig		Jan		member	.Ch
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	)	

# Electronic Articles of Organization For Florida Limited Liability Company

L10000102744 FILED 8:00 AM October 01, 2010 Sec. Of State jbryan

#### **Article I**

The name of the Limited Liability Company is: TG2222HOLDINGS, LLC.

### **Article II**

The street address of the principal office of the Limited Liability Company is: 888 KINGMAN ROAD HOMESTEAD, FL. 33035

The mailing address of the Limited Liability Company is:

888 KINGMAN ROAD HOMESTEAD, FL. 33035

#### **Article III**

The purpose for which this Limited Liability Company is organized is: 'ANY AND ALL LAWFUL BUSINESS.

## Article IV

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

KIERAN P FALLON 436 SW 8 STREET STE.200 MIAMI, FL. 33130

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.

Registered Agent Signature: KIERAN P. FALLON

# Article V

- The name and address of managing members/managers are:

Title: MGRM DEAN VITALE 888 KINGMAN ROAD HOMESTEAD, FL. 33035

Title: MGRM 2PJC, INC. 888 KINGMAN ROAD HOMESTEAD, FL. 33035

Signature of member or an authorized representative of a member Signature: KIERAN P. FALLON, ESQUIRE

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