L 10000128125

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(۸۵	uiessj	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(,	
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300188521673

##155.00

EFFECTIVE DATE 12 10 2010

10 DEC 14 . PH 3: 51

B. KOHR

DEC 1 4 2010

EXAMINER

COVER LETTER .

TO:	Registration of	on Section Corporations		EFF	ECTIVE DATE_	12/10/2010
SUBJ	ECT. TLP	Unlimited Service	s, LLC			1.1
SUL	EC1		ed Liability Con	mpany	····	
The en	sclosed Article	es of Organization and fee(s) are	submitted for fi	iling.		.0
Please	return all com	respondence concerning this mat	ter to the follow	ving:		6
						号鹭
	Thoma	s L. Pavese				SECONE TAR CORPORATION
			Name of Person	l		The Spand
						7 O. O. O.
			Firm/Company			— 35 篇
						<i>ii</i> ,
	786 Co	mmunity Road				·
	•		Address			
	Saint Jol	nns, Florida 32259-2	873			
	<u> </u>		y/State and Zip C	Code		
	tpavese@					
		E-mail address: (to be used	for future annual	report notification)		
For fu	rther informat	ion concerning this matter, pleas	e call:			
The.	maa Dawa		004			
i nor	mas Pave	·	_at (904	287-8374	-1 N1	
	Na	me of Person	Area C	Code & Daytime Tele	pnone Number	
Enclo	sed is a checi	k for the following amount:				
		_	Zhiss oo r		761 CO OO EUG - E	-
 \$ 125.00	o riling ree	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy	\$160.00 Filing For Certificate of State	
× .				copy is enclosed)	Certified Copy	
					(additional copy is en	closed)
		Mailing Address	Stree	t/Courier Address		
		Registration Section	Regis	tration Section		
		Division of Corporations P.O. Box 6327		ion of Corporations on Building	3	
		Tallahassee, FL 32314	2661	Executive Center C	Circle	,
			Tailal	hassee, FL 32301		

EFFECTIVE DATE 12/10/2010

ARTICLE I - Name: The name of the Limited Liability Company is: TLP Unlimited Services, 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:

Mailing Address:
786 Community Road
Saint Johns, Fl
32259

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:

Thomas L. Pave	se				
	Name				
786 Commu	nity Road				
Florida street address (P.O. Box NOT acceptable)					
Saint Johns	_{FL} 32259				
	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

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
140PM			
MGRM	Thomas L. Pavese	_	
	786 Community Road		
	Saint Johns, FI 32259	_	
		_	
		_	
		_	
		_	
		_	
		_	
		-	
		—	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10 December 2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas L. Pavese

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)