L11000047872

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200202970222

04/21/11--01031--014 **160.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

N Cuffman APR 2 2 2011

COVER LETTER

TO:	Registration Section Division of Corporations
	TM Capital Investments III C
SUBJ	ECT: TM Capital Investments, LLC. Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Richard C. Wolfe, Esq.
	Name of Person
	Ehrenstein Charbonneau Calderin
	Firm/Company
	501 Brickell Key Drive, Suite 300
	Address
	Miami, Florida 33131
	City/State and Zip Code
	rwolfe@ecclegal.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Marc	Sorrentino at (305) 722-2002
	Name of Person Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
\$125.06	O Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \text{\$\text{\$155.00 Filing Fee}} & \$\text{\$\text{\$\subset}\$} \text{\$\text{\$\text{\$160.00 Filing Fee},}} \text{\$\text{\$\center{Certified Copy}}\$ (additional copy is enclosed)} \text{\$\text{\$\center{Certified Copy}}\$ (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	F	T _	Na.	mai
-	. к			-		11147

The name of the Limited Liability Company is:

TM Capital Investments, 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 Addre
c/o Richard C. Wolfe, Esq.	c/o Richard C. \

501 Brickell Key Drive, Suite 300

Miami, Florida 33131

Wolfe, Esq. 501 Brickell Key Drive, Suite 300 Miami, Florida 33131

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:

Richard C. Wolfe, Esq.

Name

501 Brickell Key Drive, Suite 300

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

Miami

FL 33131 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..

(CONTINUED)

tered Agent's Signature (REQUIRED)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Marc Anthony Sorrentino
	c/o Richard C. Wolfe, Esq.
	501 Brickell Key Drive, #300, Miami, FL 33131
(Use attachment if necessary) CLEV: Effective date if other than the	ne date of filing: (OPTIONAL)
effective date is listed, the date must l	be specific and cannot be more than five business days pr
90 days after the date of filing.)	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
REQUIRED SIGNATURE:	PR 21
REQUIRED SIGNATURE:	APR 21 A
	·
Signature of a member of a mem	2 3

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)