

L11000111030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

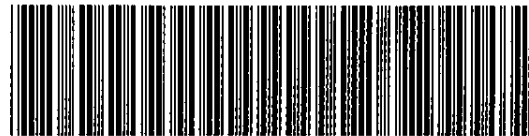
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP 29 2011

EXAMINER



300212585843

09/28/11--01020--014 \*\*125.00

FILED

11 SEP 28 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TSFL 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:

Richard C Davis

Name of Person

Firm/Company

1752 Howell Branch Road

Address

Winter Park, FL 32789

City/State and Zip Code

rdavishbm@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard C Davis

Name of Person

at (407)

645-1150

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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:

TSFL 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:

1752 Howell Branch Road  
Winter Park, FL 32789

#### Mailing Address:

same

### 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 Davis

Name

1752 Howell Branch Road

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

Winter Park FL 32789

City, State, and Zip

FILED  
11 SEP 28 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Richard C Davis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Jane Zivalich

5540 East Grant Street, Suite A

Orlando, FL 32822

MGRM

Michael Meares

8793 Commodity Circle

Orlando, FL 32835

MGRM

David Cowan

3615 S Orange Ave

Orlando, FL 32806

MGRM

Sandra Stine

5540 East Grant Street, Suite A

Orlando, FL 32822

(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. 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.)

**Richard C Davis**

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)**

MGRM John Bickerton  
3100 S Conway Road  
Orlando, FL 32812

MGRM Joan Martich  
3100 S Conway Road  
Orlando, FL 32812

MGRM Don Buswell-Charkow  
11140 W Colonial Drive, #1  
Ocoee, FL 34761

MGRM Thomas Wentzell  
11140 W Colonial Drive, #1  
Ocoee, FL 34761

MGRM Chris Brouillette  
891 Outer Road, #A  
Orlando, FL 32814

MGRM Calvin Gibson  
8793 Commodity Circle  
Orlando, FL 32835

MGRM Gerald Kivett  
4711 Curry Ford Road, #B  
Orlando, FL 32812

MGRM Scott Posgai  
7479 Conroy Road, #A  
Orlando, FL 32835

MGRM Katherine Welty  
12395 S. Orange Blossom Trail  
Orlando, FL 32837

MGRM Anil Patel  
5540 East Grant Street, Suite A  
Orlando, FL 32822

MGRM Arsenio Mestre  
5540 East Grant Street, Suite A  
Orlando, FL 32822

MGRM Catherine Frank  
5540 East Grant Street, Suite A  
Orlando, FL 32822