

L11000144788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

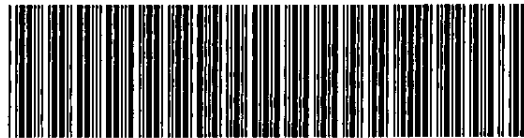
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 DEC 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 28 2011

EXAMINER

I have included 2 copies of the ^{12/21/11}
request. Please send one each as
certified to my lawyer.

ROBERT MARSHALL

ROBERT MARSHALL PLC

4945 U.S. HIGHWAY 42 STE 1000

LOUISVILLE, KY

40222

(address on covered letter)

Thank you

RM Marshall

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDKLCA FLORIDA ENTERPRISES, 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:

Robert A. Marshall

Name of Person

Robert A. Marshall, PLC

Firm/Company

4965 U.S. Highway 42, Suite 1000

Address

Louisville, KY 40222

City/State and Zip Code

bmarshall@robertmarshall-law.net

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

For further information concerning this matter, please call:

Robert A. Marshall

Name of Person

at (502) 855-3495

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:

TDKLCA FLORIDA ENTERPRISES, 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:

9600 Grand San Destin Blvd.

Unit 3126

Miramar Beach, FL 32550

Mailing Address:

6440 Cotton Creek Court

Indianapolis, IN 46278

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:

T.R. Marshall, Jr., M.D.

Name

9600 Grand San Destin Blvd., Unit 3126

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

Miramar Beach FL 32550

City, State, and Zip

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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)

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

The name and address of each Manager or Managing Member is as follows: 2011 DEC 27 PM 2: 26

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

T.R. Marshall, Jr., M.D.

6440 Cotton Creek Court

Indianapolis, IN 46278

MGR

Diane Marshall

925 Park Avenue 13-B

New York, NY 10028

MGR

Linda Lindsey

18010 Hwy. 148

Fisherville, KY 40023

MGR

Kathryn Hagerty

424 Tillotson Place

Dayton, OH 45458

(Use attachment if necessary) See attached for additional Managers.

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.)

T.R. Marshall, Jr., M.D.

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)

Title:

Name and Address:

MGR

Cheryl O'Toole
11326 Jefferson Trace Blvd.
Louisville, KY 40291

MGR

Angela Hardin
3903 Woodmont Park Lane
Louisville, KY 40245

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