

Jan. 9, 2012 4:20PM Gray Robinson  
Division of Corporations

L120000042913

Florida Department of State  
Division of Corporations  
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L. SELLERS

JAN 10 2012

To: Division of Corporations  
Fax Number : (850) 617-6383

From: GrayRobinson, P.A. please fax confirmation to (407) 244-5690  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
TMSYL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

12 JAN -9 AM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JAN -9 AM 11:21

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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

TMSYL, LLC

**ARTICLE II**  
**Address**

The mailing address of this Limited Liability Company is:

Post Office Box 560705  
Orlando, Florida 32856

The street address of the principal office of this Limited Liability Company is:

1880 N. Orange Blossom Trail  
Orlando, Florida 32804

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Manager**

The name and address of the initial Manager of this Limited Liability Company is as follows:

Name

Lee A. Pontes

Street Address

3120 Albert Street  
Orlando, Florida 32806

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**ARTICLE V**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Lee A. Pontes  
3120 Albert Street  
Orlando, Florida 32806

*Having been named as registered agent to accept service of process for the above referenced 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, Florida Statutes.*

  
\_\_\_\_\_  
**REGISTERED AGENT'S SIGNATURE**

*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 section 817.155, Florida Statutes.*

  
\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

\_\_\_\_\_  
Lee A. Pontes  
Type or printed name of signee

**FILING FEES:**  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)