L12000006330

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500215362685

01/12/12--01009--001 **125.00

2012 JAN 12 AM 19; II.

C. LEWIS
JAN 1.3 2012
EXAMINER

COVER LETTER

	tion Section of Corporations	
SUBJECT: Til	den Company, LLC	
50202011		red Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this mat	ter to the following:
James	s T. Beasley	
		Name of Person
		Firm/Company
50.5	0.40500	Finiteonipany
<u>P.O. E</u>	3ox 643599	Address
Vero Re	each, FL 32964	
Velo De		y/State and Zip Code
trophya	a27@aol.com	y/State and Zip Code
<u>()</u>	E-mail address: (to be used	for future annual report notification)
For further inform	ation concerning this matter, please	e call:
James T. Be		at (727) 364-3387
1	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
√ \$125.00 Filing Fed	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

Tilden Company, LLC (Must end with the words "Lin	mited 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
Principal Office Address:	Mailing Address:
Principal Office Address: 38 East Harbour Isle, PH02	Mailing Address: P.O. Box 643599

The name and the Florida street address of the registered agent are:

James T. Beasley

Name

38 East Harbour Isle, PH02

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

Fort Pierce,

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

TILED

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

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

2012 JAN 12 AM 10: 17

MGRM	James T. Beasley	
	38 East Harbour Isle, PH02	
	Fort Pierce, FL 34949	
•		
		_
		 -
•		

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

James T. Beasley

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)