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(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. <b>(</b> Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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J. SAULSBERRY EXAMINER JAN 17 2012

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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
SUBJECT: TB H	lomes, LLC,		
3000EC1	Name of Limited	Liability Company	
The enclosed Article	es of Organization and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
Eric Fran			
	N	ame of Person	
TB Home	es, LLC		
	F	'irm/Company	
302 Knig	hts Run Avenue, Suite 930		
,	•	Address	
Tampa, Fl			2017 SE
ericfrantz	City/S en@me.com	State and Zip Code	CRETT OAN
	E-mail address: (to be used for	future annual report notification)	SEN 3
For further informat	ion concerning this matter, please c	all:	AR C
Eric Frantzen		at (813 ) 270-9815	8: 23 TATE ORID
Ni	ame of Person	Area Code & Daytime Telephone Num	ber <sup>1</sup>
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy al 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

TB Homes, LLC				****	
(	Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing add		s of the principal office of the Limited L	iability (	Compa	any is:
Principal Office	Address:	Mailing Address:			
302 Knights Ru Suite 930	n Avenue	302 Knights Run Avenue Suite 930		-	
Tampa, FL 3360	02	Tampa, FL 33602		- -	
business entity with	an active Florida registration	ts own Registered Agent. You must designate an indi	SECRE TALLAH	2012 JAN	******
		Name	TAR ASS	<del>z</del>	
	302 Knights Run	Avenue, Suite 930			m
	Florid Tampa,	da street address (P.O. Box <u>NOT</u> acceptable)  FL 33602	OF STATE E.FLORIDA	AM 8: 2	No. of
		City, State, and Zip	N. T.	ယ	
liability com registered agent	pany at the place desig and agree to act in th	ent and to accept service of process for the gnated in this certificate, I hereby accept t is capacity. I further agree to comply wit complete performance of my duties, and I a	the appoi th the pro	intmen ovision	t as s of all

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Eric Frantzen 302 Knights Run Avenue, Suite 930 Tampa, FL 33602
MGRM	Blair Frantzen 302 Knights Run Avenue, Suite 930 Tampa, FL 33602
<del></del>	201 TAL
	ECRETAR OF LAHASSEE.
(Use attachment if necessary)	F STAT
ICLE V: Effective date, if other than the done of the date is listed, the date must be 90 days after the date of filing.)	late of filing: SOPTIONAL) specific and cannot be more than five business days
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.)

Eric Frantzen

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)