

L12000019377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

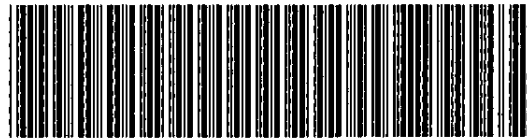
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Office Use Only

B. KOHR

FEB - 9 2012

EXAMINER



800219222838

02/06/12--01038--016 **130.00

12 FEB -6 AM 11:30

FILED
SECRETARY OF STATE
DIVISION OF REVENUE

C. LEWIS

FEB -7 2012

EXAMINER

W12-7350



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2012

ROBERT S. ROSPLOCK
ROSPLOCK AND PEREZ
4230 STATE ROUTE 306, BLDG. 1, SUITE 240
WILLOUGHBY, OH 44094

SUBJECT: TCE FRUITVILLE ROAD II, LLC
Ref. Number: W12000007350

We have received your document for TCE FRUITVILLE ROAD II, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00005158

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCE FRUITVILLE ROAD II, 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 S. Rosplock

Name of Person

Rosplock and Perez

Firm/Company

4230 State Route 306, Bldg. I, Suite 240

Address

Willoughby, Ohio 44094

City/State and Zip Code

rrosplock@rosplockandperez.com

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

For further information concerning this matter, please call:

Robert S. Rosplock

Name of Person

at (440) 953-1310

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -6 AM 11:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TCE FRUITVILLE ROAD II, 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:

1348 Fruitville Road, #211
Sarasota, Florida 34236

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:

TCE Fruitville Road , LLC

Name

1348 Fruitville Road, #211

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

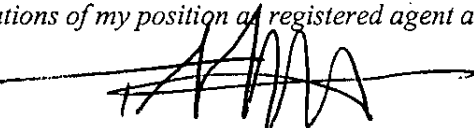
Sarasota

FL

34236

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)

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

Thomas W. Christopher

9033 White Oak Road

Kirtland, Ohio 44094

MGR

Paula A. Christopher

9033 White Oak Road

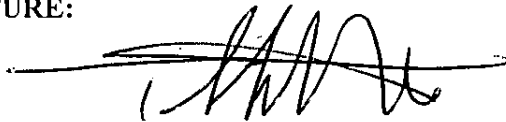
Kirtland, Ohio 44094

(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.)

Thomas W. Christopher

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)