# <u>L12000L7230</u>

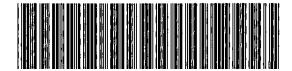
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only

G. MCLEOD

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**EXAMINER** 



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05/17/12--01015--032 \*\*160.00



TO:	Registration Second Division of Cor		at a	7. **
SUBJE	CCT: <u>T5D</u>	Endeavors L Name of Lim	LC ited Liability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ndence concerning this ma	tter to the following:	
	Rebecc	a Farinas	Name of Person	
			Name of Person	
	TSD En	deavors LLC	Firm/Company	
		_	, ,	
	<u>3545 5t.</u>	Johns Bluff	Road South, Su	vite 318
	Jackson	ville, FL 322	2 4 ity/State and Zin Code	
	beKtea	QUE @ OOL CON	ity/State and Zip Code  for future annual report notification)	
For fur		oncerning this matter, plea		
<u>F101</u>	nnuala R. ( Name of	beoghegan Person	at ( <u>904</u> ) <u>268-786</u> Area Code & Daytime Tele	28 Ephone Number
Enclos	ed 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)	X \$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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
TSD Endeavors LLC (Must end with the words "Limited Liabili	ty Company "L.I.C." or "LIC.")
(Musi end with the words Difficed Diabili	ty company, 12.15.6., or 15.6.
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
3545 St. Johns Bluff Road South Suite 318	3545 St. Johns Bluff Road South Suite 318
Suite 318 Jacksonville, FL 32224	Jacksonville, FL 32224
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the reference in the proposal of the research o	ered Agent. You must designate an individual or another egistered agent are:
One San Jose Plan Florida street add  Jacksonville  City Sta	ress (P.O. Box NOT acceptable)
•	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..

Lonnuala R. Gloghegor 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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Rebecca Farings 3545 St. Johns Bluff Road Sc Suite 318 Jacksonville, FL 32224
(Use attachment if necessary)	
	e date of filing: 5/15/12 . (OPTIONA be specific and cannot be more than five business day

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.)

Fionnuala R. Geoghegan
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)