112000098591

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT ' MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

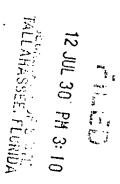
Office Use Only



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07/30/12--01037--003 **125.00

EFFECTIVE DATE 07-22-12



B. BOSTICK

JUL 3 1 2012

EXAMINER

COVER LETTER

	Registration Se Division of Cor					
SUBJECT	r: TTRP	Holdings, LLC				
		Name of Limit	ed Liability Company			
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.			
Please retu	urn all correspo	ndence concerning this mat	ter to the following:			
F	lias M. N	/ahshie				
=	<u> </u>	ianomo	Name of Person			
Н	loltz Mah	shie DeCosta, F	P.A.			
			Firm/Company			
_1	560 Matt	hew Drive, Suite	В			
			Address	→ !		
Fo	Fort Myers, Florida 33907					
oli	ioc@hmdl		ty/State and Zip Code	語 日 数 公		
e n	ias@hmdle		for future annual report notification)	<u></u>	1	
For further information concerning this matter, please call:					There is a first	
Elias M	1. Mahshie		at (239) 931-7566	PH 3: 10		
	Name o	f Person	Area Code & Daytime Telephone Number			
Enclosed	is a check for	the following amount:				
▼ \$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &		
		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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TTRP Holdings, LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4290 James St., Unit 8 Port Charlotte, FL 33980	1560 Matthew Drive, Suite B Fort Myers, FL 33907
	Attn: Elias M. Mahshie
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Elias M. Mahshie Name	egistered agent are:
1560 Matthew Dr	ive, Suite B Iress (P.O. Box NOT acceptable)
Fort Myers	_{FL} 33907
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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	Thomas Provencal	
	4290 James St., Unit 8 Port Charlotte, FL 33980	
MGR		
WIGK	Todd Provencal	
	4290 James St., Unit 8	
	Port Charlotte, FL 33980	
MGR	Ryan Provencal	•—
	4290 James St., Unit 8	<u> </u>
	Port Charlotte, FL 33980	≥
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(Use attachment if necessary)		3: 10 A
• •		→
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than	(OPTIONAL) five business days
REQUIRED SIGNATURE:		
	er or an authorized representative of a m	nember.
(In accordance with section 608 constitutes an affirmation unde I am aware that any false information to the control of the co	3.408(3), Florida Statutes, the execution of r the penalties of perjury that the facts state	ed herein are true.

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)

Elias M. Mahshie

Typed or printed name of signee