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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF THE PM 19: 35

C. LEWIS

OCT 17 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SURI	ECT: TMR Services of PC, I	_LC
SOM		ted Liability Company
The en	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	tter to the following:
	Samantha Martone	
		Name of Person
		Firm/Company
	2803 Douglas Rd.	
		Address
	Panama City, FL 32405	
		ty/State and Zip Code
	tmrservices@comcast.net E-mail address: (to be used	for future annual report notification)
For fu	rther information concerning this matter, pleas	e call:
Sam	antha Martone	at (850) 747-1461
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	
\$125.00	0 Filing Fee \$\int \\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:	
TMR Services of PC, 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	he principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
2803 Douglas Rd.	2803 Douglas Rd.	
Panama City, FL 32405	Panama City, FL 32405	
ARTICLE III - Registered Agent, Regist	ered Office. & Registered Agent's Si	onature:
(The Limited Liability Company cannot serve as its own		or another
business entity with an active Florida registration.)		281 281
The name and the Florida street address of	the registered agent are:	SECRETARY I DIVISION OF COI
Samantha Martone	•	T OF AR
	lame	
2803 Douglas	Rd.	CORPORATIONS 6 PHIZ: 39
Florida stre	et address (P.O. Box NOT acceptable)	Z:
Panama City	_{FL} 32405	39

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

2012 OCT 16 PM 12: 39

"MGR" = Manager "MGRM" = Managing Member Mark Martone 2803 Douglas Rd. Panama City, FL 32405 MGRM Samantha Martone 2803 Douglas Rd. Panama City, FL 32405 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	ARM Mark 2803 Pana 2803 Pa	e and Address:
MGRM Mark Martone 2803 Douglas Rd. Panama City, FL 32405 MGRM Samantha Martone 2803 Douglas Rd. Panama City, FL 32405 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	e attachment if necessary) V: Effective date, if other than the date of five date is listed, the date must be specific after the date of filing.) DUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608.408(3), Fleconstitutes an affirmation under the penalt I am aware that any false information submonstitutes a third degree felony as provide Samantha Martone	
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	Typed or prin	ted 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)