Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634~3694

Fax Number

: (305)633~9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emzil Address:

FLORIDA LIMITED LIABILITY CO. TDR 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

FEB 2 7 2013

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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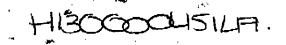
https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is:			
TDR 2, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3215 NE 207 TERRACE	SAME	.	
AVENTURA, FL 33180		_	
		_	
ARTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature		
The name and the Florida street address of the registered agen	are:		
		2113	<u> </u>
STEPHEN CHAIKIN Name			250
1497016		FEB	<u>></u> E
		26	- FA? - CZ!:
3215 NE 207 TERRACE		_	₩ 0 F
Florida street address (P.O. Box NOT accepta	ble)	H	Y OF SI
		ë	
AYENTURA, FL 33180		4	<u>Original</u>
City, State and Zip		Ψ'	<u> </u>

Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.

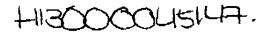
Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) of Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** STEPHEN CHAIKIN 3215 NE 207 TERRACE AVENTURA, FL 33180 MGRM_ NEIL FLORIN 3215 NE 207 TERRACE AVENTURA, FL 33180 MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of 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.) STEPHEN CHAIKIN Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)