130000 85144

(Requestor's Name)			
(Address)			
(Ad	ldress)	* * ** * * *	
(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



100248521791

'JUN 1 3 2013 T. HAMPTON



IIUN SERVICE COMPART		
ACCOUNT NO. : 12000000195		
REFERENCE: 684737 4319480		
AUTHORIZATION: Spelle Rear		
COST LIMIT : \$ 160 -00		
ORDER DATE : June 11, 2013		
ORDER TIME : 9:20 AM		
ORDER NO. : 684737-025		
CUSTOMER NO: 4319480		
DOMESTIC FILING		
NAME: TC VILLAS AT SUNCREST LLC		
Mail, 10 Villian III boronabi illo		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP		
XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY		
XX CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight - EXT. 52956		
EXAMINER'S INTITALS:		

(850) 245-6051.

COVER LETTER

Division of C	Corporations	
TC VILI	LAS AT SUNCREST LLC	
50 B 3BC1.	Name of Lim	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	tter to the following:
Philip Brody	1	
		Name of Person
Time Equities	s, Inc.	
		Firm/Company
55 Fifth Aven	ue, 15th Floor	•
		Address
New York, NY	10003	
		ty/State and Zip Code
pbrody@timee	•	for future annual report notification)
Con fouthou in formation		
	concerning this matter, please	s can:
Philip Brody		212 206-6011 at ()
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check t	for the following amount:	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

The name of the Limited Liability Company is:
TC VILLAS AT SUNCREST LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

Mailing Address:

c/o Time Equities, Inc.	c/o Time Equities, Inc.
55 Fifth Avenue, 15th Floor	55 Fifth Avenue, 15th Floor
New York, NY 10003	New York, NY 10003

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:

Corporation Service Company
Namc

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee
FL 32301

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

Corporation Service Company

By

Registered Agent's Signature (REQUIRED)

Sue G. Knight

Assistant Vice President

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

5:

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	Francis Greenburger c/o Time Equities, Inc. 55 Fifth Ave, 15th Flr New York, NY 10003
MGRM	Robert Kantor c/o Time Equities, Inc. 55 Fifth Ave, 15th FIr New York, NY 10003
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days .)
REQUIRED SIGNATURE:	
\mathcal{A}	An a

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.)

Philip Brody

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)

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
13 JUN 12 AM 8: 25