# L13000099735

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
<u>.</u> (Ви	usiness Entity Name	е)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



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Effective Date 7/18/13

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SECRETARY OF STATE DIVISION OF CORPERATIONS

JUL 1 5 2013 T. HAMPTON . (850) 245-6051.

TO: Registration Section

### **COVER LETTER**

Division of Corporations		
SUBJECT:	TIGERFIS	H REAL ESTATE, LLC
SUBSECT:	Name of Limit	ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this matt	ter to the following:
	Will	iam D. McKnight
***************************************		Name of Person
	Tigerfi	sh Real Estate, LLC
		Firm/Company
	1201 Oal	cfield Drive, Suite 109
		Address
	Brand	lon, Florida 33511
	Lil	ty/State and Zip Code
-	* ***	for future annual report notification)
For further information	concerning this matter, please	e call:
William	D. McKnight	813 681-4279
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	·
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## Effective Date 7/18/13

### ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Nan	ne:			
The name of the Lin	mited Liability Co	ompany is:		
	TIOEDEIO	UDEAL FOTATE U.O.		
(Mu	TIGERFISH REAL ESTATE, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ADDICT E II A I				
ARTICLE II - Ad The mailing addres		ss of the principal office of the Limited Liability Company is:		
Principal Office A	ddress:	Mailing Address:		
1201 Oal	kfield Drive	SAME		
	te 109			
Brandon, F	lorida 33511			
business entity with an a The name and the F	-	ess of the registered agent are:		
	W	illiam D. McKnight		
	Name			
1201 Oakfield Drive, Suite 109				
	1201 O	Pakfield Drive, Suite 109		
	Flori	akfield Drive, Suite 109		
	Flori	pakfield Drive, Suite 109 ida street address (P.O. Box <u>NOT</u> acceptable)		

(CONTINUED)

Page 1 of 2

SECRETARY OF SHALL DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGRM	William D. McKnight, Trustee
	1201 Oakfield Drive, Suite 109
	Brandon, Florida 33511
MGRM	Kathryn A. McKnight, Trustee
	1201 Oakfield Drive, Suite 109
	Brandon, Florida 33511
(Use attachment if necessary)	
(Ose attachment if flecessary)	•
TICIEV. Effective data if other th	han the date of filing: July 18, 2013 (OPTIONAL)
•	e must be specific and cannot be more than five business da
or to or 90 days after the date of fil	
of to or yo days after the date of the	ung.)
<b>REQUIRED SIGNATURE:</b>	
	$\rho$
	MMcKmoh-
	member or an authorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation	on under the penalties of periury that the facts stated herein are true.

(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.)

William D. McKnight

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)

DIVISION OF CORPORATIONS

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