

L13000164636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

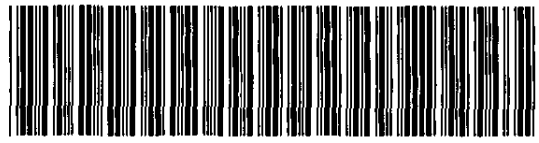
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900253928219

11/25/13--01001--002 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 22 PM 2:49
NO LONGER
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 NOV 22 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2013

T. BROWN

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 11/22/2013

REF. #: 7745412.8968449

CORP. NAME: TGC SEC 8-9 NORTH POINT LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70010220 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
TGC SEC 8-9 NORTH POINT LLC

FILED
13 NOV 22 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is **TGC Sec 8-9 North Point LLC** (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 6843 Main Street, Miami Lakes, Florida 33014.

ARTICLE III - Registered Agent and Office

The name and Florida street address of the Company's registered agent is:

Stuart S. Wyllie
6843 Main Street
Miami Lakes, Florida 33014

ARTICLE IV - Management

The Company is to be managed by one or more managers and is therefore a manager-managed company. The initial manager shall be The Graham Companies, a Florida corporation.


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. Dated this 22 day of November, 2013.



Stuart S. Wyllie, Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

By: 
Stuart S. Wylie

Date: November 22, 2013.

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.