

L14006028940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

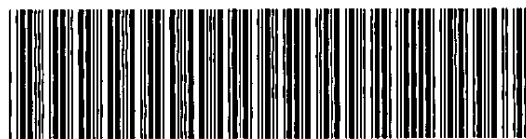
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/14--01006--016 **160.00

RECEIVED
DEPARTMENT OF STATE
FEB 19 2014
14 FEB 19 AM 11:38
FEB 19 2014

J. Stivers FEB 20 2014

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 02/19/14

REF. #: 9054373

CORP. NAME: TBP 30147, 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# 70015285 **FOR \$** 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" 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

TBP 30147, LLC
a Florida limited liability company

1. The name of the limited liability company is:

TBP 30147, LLC.

2. The mailing and street address of the principal office of the limited liability company is:

2 Wilbanks Rd. SE
Rome, GA 30161.

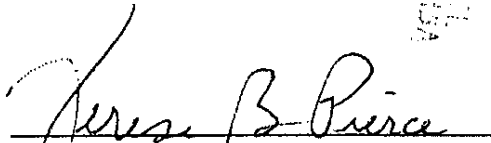
3. The name and street address of the initial registered agent of the limited liability company are:

NRAI Services, Inc.
1200 S. Pine Island Road
Plantation, FL 33324.

4. The name and street address of the Manager is:

Teresa B. Pierce
2 Wilbanks Rd. SE
Rome, GA 30161.

Dated: as of FEB 15., 2014.


Teresa B. Pierce
Authorized Representative

14 FEB 19 PM 02
JULIAN P. 1405A

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) it accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) it is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of February 19, 2014.

NRAI Services, Inc.
Registered Agent


By: Michele Holden, Asst Sect

14 FEB 19 11:02 AM
TALLAHASSEE, FL
SOLICITORS