### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000061445 3)))



H140000614453ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Email Address:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100

Fax Number : (239)344-1529

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

RECEIVED

	<del></del>	<del></del> -						<del></del>	٠,.
FLORIDA	Τ.	.TN	ATT)	an.	1 TA	RII	ITV	C	ገ

## FLORIDA LIMITED LIABILITY CO. TPE Holdings, LLC

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

4 MAK 13 AM 11:36 EUNESSEE ELORIOA LAHASSEE ELORIOA

MAR 13 AM II: 35

Electronic Filing Menu

Corporate Filing Menu

Help

٠

FAX AUDIT NO.: H14000061445 3

# ARTICLES OF ORGANIZATION OF TPE HOLDINGS, LLC



#### **ARTICLE I-NAME**

The name of the limited liability company shall be TPE HOLDINGS, LLC (the "Company").

#### **ARTICLE II-STREET ADDRESS**

The street address of the principal office of the Company is:

315 East New Market Road Immokalee, Florida 34142

#### **ARTICLE III-MAILING ADDRESS**

The mailing address of the principal office of the Company is:

P.O. Box 3088 Immokalee, Florida 34143

#### **ARTICLE IV-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

#### **ARTICLE V-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

Name

Address

HF REGISTERED AGENTS, LLC

1715 Monroe Street Fort Myers, Florida 33901

#### **ARTICLE VI-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be

FAX AUDIT NO.: H14000061445 3

FAX AUDIT NO.: H14000061445 3

organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

#### ARTICLE VII-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

<u>Name</u>

Address

KENT SHOEMAKER

315 East New Market Road Immokalee, Florida 34142

#### ARTICLE VIII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 13<sup>th</sup> day of March, 2014.

GUY E. WHITESMAN

Authorized Representative

Fax Server

Fax Server

FAX AUDIT NO.: H14000061445 3

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT. IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TPE HOLDINGS, LLC.
- 2. The name and address of the registered agent and office is:

HF Registered Agents, LLC 1715 Monroe Street Fort Myers, Florida 33901

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.

By:

HF REGISTERED AGENTS, LLC

Guy E. Whitesman

Authorized Representative

FAX AUDIT NO.: H14000061445 3