

L14000068275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

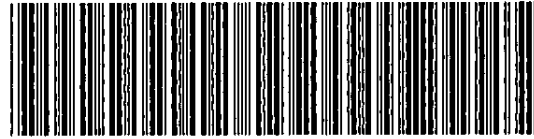
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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LLC

L14-68275

03/21/14--01036--010 \*\*125.00

FILED  
14 APR 28 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2014  
N. CAUSSEAU



44-68275

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2014

TIMOTHY R MIEDONA  
LOWNDES DROSDICK DOSTER KANTOR & REED, P  
450 S ORANGE AVE, SUITE 200  
ORLANDO, FL 32801

SUBJECT: TIHOM ACRES 2 LLC  
Ref. Number: W14000019835

We have received your document for TIHOM ACRES 2 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 114A00006683

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TITHOM ACRES 2 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy R. Miedona  
Name of Person

Lowndes Droszk Doster Kunkle + Reed  
Firm/Company

450 South Orange Avenue, Suite 200  
Address

Orlando, FL 32801  
City/State and Zip Code

tim.miedona@lowndes-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Miedona at ( 407 ) 418-6358  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee *already sent*    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TILKOM ACRES 2 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1520 Sunrise Plaza Drive  
Clermont, FL 34714

Mailing Address:

1520 Sunrise Plaza Drive  
Clermont, FL 34714

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:

Benedict Mohit

Name

1520 Sunrise Plaza Drive

Florida street address (P.O. Box NOT acceptable)

Clermont

City

FL

34714

Zip

*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 605, F.S..*

*B. Mohit*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Gita Mohit

1520 Sunrise Plaza Drive  
Clermont, FL 34714

Benedict Mohit

1520 Sunrise Plaza Drive  
Clermont, FL 34714

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Gita N. Mohit

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Gita N. Mohit

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)

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