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SECREFARY OF STATE
TACLAMANSEE FLORIDA

J. Shivers OCT 28 2004

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: TPT Realty, LLC. Name of I	Limited Liability Company	.
The en	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Plcasc	return all correspondence concerning this	matter to the following:	
	Quentin K. Cokinogenis		
		Name of Person	
		Firm/Company	<u> </u>
	_1209 Bexlev-Court	Address	
	Deland, FL 32720	City/State and Zip Code	
_tu	urbinepowertech@yahoo.com E-mail address: (to be u	used for future annual report notifica	ation)
For fu	rther information concerning this matter, p	olease call:	
Roy	Name of Person	(860) 559-2713 Area Code Daytime Tel	lephone Number
Enclos	sed is a check for the following amount:		
□ \$ 125.0	00 Filing Fee	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corporat	
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

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	:	
TPT Realty, LLC.	s "Limited Liability Company, "L.L.C.," or	4102
(Must end with the Word	s Limited Liability Company, L.L.C., or	LLC.)
ARTICLE II - Address: The mailing address and street address of the I	principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
1209 Bexley Court	1209 Bexley Court	
Deland. FL 32720	Deland. FL 32720	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve		
another business entity with an active Florida		3
The name and the Florida street address of the	registered agent are:	
Questin K Cokings	onis	
Quentin K. Cokinog	Name	
4200 Payloy Caust		
1209 Bexley Court Florida street address	(P.O. Box NOT acceptable)	
<u>Deland</u> City	<u>FL 32720</u> Zip	
capacity. I further agree to comply with the p	o accept service of process for the above states reby accept the appointment as registered age provisions of all statutes relating to the proper cept the obligations of my position as registers Chapter 605, F.S	ent and agree to act in this r and complete performance
	·	
	2. C DEOLIDED	
Kegistefed Age	ent's Signature (REQUIRED)	SET
(0	CONTINUED)	
	Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Quentin K. Cokinogenis
	1209 Bexley Court Deland, FL 32720
	
Martin Company	
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other than the date fective date is listed, the date must be specifically.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90

REOUIRED SIGNATURE:

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 States constitutes a third degree felony as provided for in s.817.155, F.S.)

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)

#130

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