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## **COVER LETTER**

|                       | ion Section<br>f Corporations                |   |  |
|-----------------------|--|---|--|
| SUBJECT: TSR          | &CAO LLC<br>Name of Lin                      | mited Liability Company   |  |
| The enclosed Artic    | les of Organization and fee(s) a             | re submitted for filing.  |  |
| Please return all co  | rrespondence concerning this m               | natter to the following:  |  |
| <u>Cynthi</u>         | a Ann Ozahoski                               | Name of Person  | <del></del>  |
| TSR&                  | CAO LLC                                      |   |  |
|                       |  | Firm/Company  |  |
| <u>2910 J</u>         | Pebble Creek Street                          | Address   |  |
| <u>Melbo</u>          | urne, FL 32935-7157                          | City/State and Zip Code   | ·  |
| tomsr@cfl.rr.         | Com<br>E-mail address: (to be use            | ed for future annual report notifica                                | ation)   |
| For further informa   | tion concerning this matter, ple             | ase call:   |  |
| Tom Ozahoski          | at (at (at (at (at (at (                     | 321 ) 544-8852<br>Area Code Daytime Te                              | lephone Number   |
| Enclosed is a check   | for the following amount:                    |   |  |
| 3 \$125.00 Filing Fee | ☐\$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) |
|                       | 1ailing Address egistration Section          | Street/Courier Add<br>Registration Section                          | ress_  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:   |  |                              |           |   |
|---|--|------------------------------|-----------|---|
| TSR&CAQ LLC  (Must end with the words "Limited L  | iability Company, "L.L.C.," or "LLC.")   |                              |           |   |
| ARTICLE II - Address: The mailing address and street address of the principal offi  | ice of the Limited Liability Company is:   |                              |           |   |
| Principal Office Address:   | Mailing Address:   |                              |           |   |
| 2910 Pebble Creek Street Melbourne, FL 32935  | 2910 Pebble Creek Street Melbourne, FL 32935   |                              |           |   |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as   | egistered Agent. You must designate an indivi-   | dual or                      | <b>\3</b> |   |
| Tom Ozahoski  |  |                              | 3         |   |
| Name  |  | <u> 왕</u> 뿔 §                |           | П |
| 2910 Pebble Creek Street  |  |                              | 2         | _ |
| Florida street address (P.O. Box N  | NOT acceptable)  |                              |           | П |
| Melbourne   | FL <b>32935</b>  |                              |           | J |
| City  | Zip  |                              | >><br>>>  |   |
| Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter  Registered Agent's Signature | he appointment as registered agent and agree to all statutes relating to the proper and complete tations of my position as registered agent as proceeds. | o act in this<br>performance |           |   |

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| <u>Fitle:</u> 'AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| 'MGR" = Manager  |  |
| "AMBR"   | Cynthia Ann Ozahoski   |
|  | 2910 Pebble Creek Street   |
|  | Melbourne, FL 32935  |
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| ctive date is listed, the date must be   | te of filing:  |
| EV: Effective date, if other than the date tive date is listed, the date must be a filling.)  EVI: Other provisions, if any.   | pecific and cannot be more than five business days prior to or 9   |
| EV: Effective date, if other than the date tive date is listed, the date must be a filling.)  EVI: Other provisions, if any.   | te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9   |
| EV: Effective date, if other than the date tive date is listed, the date must be a filling.)  EVI: Other provisions, if any.   | pecific and cannot be more than five business days prior to or 9   |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:   | pecific and cannot be more than five business days prior to or 9  and Dann Dashoski  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recovery content of the | Decific and cannot be more than five business days prior to or 9  L and Dyshoria  Democratic and cannot be more than five business days prior to or 9  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a reaction of the control | pecific and cannot be more than five business days prior to or 9  L One Dyshevic  member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a reaction of the constitutes an affirmation un   | pecific and cannot be more than five business days prior to or 9  Language Description  Descript |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a regular constitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under the cons | pecific and cannot be more than five business days prior to or 9  L One Dyshevic  member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document  |
| EV: Effective date, if other than the date ctive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a reaction of the constitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under  | pecific and cannot be more than five business days prior to or 9  Company Department  Dember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  Demation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)   |

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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)