

L1900028660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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2015 FEB 16 A 9:58  
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FEB 16 2015  
FEB 16 2015

B. BOSTICK  
FEB 17 2015,  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TGI ACQUISITION GROUP 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:

ANTHONY B CUNNINGHAM  
Name of Person

TGI ACQUISITION GROUP LLC  
Firm/Company

5460 N. STSTE ROAD 7 SUITE 115  
Address

N. LAUDERDALE FLORIDA 33319  
City/State and Zip Code

FREX2582@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY B. CUNNINGAM at ( 954 ) 865 1858  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2015 FEB 16 A 9:59  
TALLAHASSEE, FL  
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TGI ACQUISITION GROUP L.L.C

(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:**

5460 NORTH STATE ROAD 7, SUITE #115  
NORTH LAUDERDALE  
FLORIDA 33319

**Mailing Address:**

5460 NORTH STATE ROAD 7 SUITE #  
NORTH LAUDERDALE FLORIDA 33319

**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:

EDWARD GREENFIELD

Name

3409 NW, 44 ST.

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

TAMARAC

City

FL

State

33309

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..*



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

MANAGER.

**Name and Address:**

ANTHONY B CUNNINGHAM

3333 NW. 34 STREET

LAUDERDALE LAKES FL. 33309


(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:**



**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.)

ANTHONY CUNNINGHAM

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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2015 FEB 16 A 9:51  
CLERK OF THE COURT  
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2015

ANTONY B. CUNNINGHAM  
5460 N. STATE ROAD 7  
SUITE 115  
N. LAUDERDALE, FL 33319

SUBJECT: TGI ACQUISITION GROUP LLC  
Ref. Number: W15000007922

We have received your document for TGI ACQUISITION GROUP LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please list the complete address of the Registered Agent,

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 815A00002213

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2015 FEB 16 A 9:54  
DIVISION OF STATE