L15000162637

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21,7,2,11,1,2,1,2,1,2,1,2,1,2,1,2,1,2,1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
One sight had worthern to Filling Office
Special Instructions to Filing Officer:

Office Use Only



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09/18/15--01008--012 **125.00

effective date 9-14-15

2015 SEP 18 PH 1: 1

COVER LETTER

	O: Registration Section Division of Corporations			
SUBJEC	TSIL Holdings, LLC			
SUBJEC	Name of Limited Liability Company			
The encl	osed Articles of Organization and fee(s) are submitted for filing.			
Please re	turn all correspondence concerning this matter to the following:			
	Thomas D. Harrington, Jr.			
	Name of Person			
	TSIL Holdings, LLC			
Firm/Company				
3829 Coconut Palm Drive				
	Address			
	Tampa, FL 33619			
	City/State and Zip Code aalfonso@alhr.com			
	E-mail address: (to be used for future annual report notification)			
For further	r information concerning this matter, please call:			
	Thomas D. Harrington, Jr. 813 620-1661			
	Name of Person Area Code Daytime Telephone Number			
Enclosed	I is a check for the following amount:			
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy i	ed)		
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	2015 SEP 18 PM 1: 18 VALLAMA & SEE, FLORIDA	
TSIL Holdings, LLC	SECRETARY OF STARY OF STARY OF STARY	
(Must end with the words "Limited Liability	y Company, L.L.C., or LLC.)	
ARTICLE II - Address: The mailing address and street address of the principal office of t		
Principal Office Address:	Mailing Address: EFFECTIVE DATE 9-14-15	•
3829 Coconut Palm Drive	3829 Coconut Palm Drive	
Tampa, FL 33619	Tampa, FL 33619	
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent at	***	

Thomas D. Harrington, Jr.

Name

3829 Coconut Palm Drive

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

Tampa FL 33619

City State 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..

distered Agent's signature (REQUIRE

(CONTINUED)

Page 1 of 2

		person authorized to manage and control the Limited Liability Company:
	Title:	Name and Address:
	"AMBR" = Authorized Memi	oer er e
	"MGR" = Manager MGR	Melvin Klinghoffer
		3829 Coconut Palm Drive
		Tampa, FL 33619
		Thomas D. Howinst L.
	MGR	Thomas D. Harrington, Jr. 3829 Coconut Palm Drive
		Tampa, FL 33619
		Tampa, 1 D 33017
	(Use attachment if necessary)	
	(Ose attachment if necessary)	
ARTICL	EV: Effective date, if other th	an the date of filing: 9/14/15 (OPTIONAL)
(If an effe	ective date is listed, the date r	nust be specific and cannot be more than five business days prior to or 90 days after
the date o		
	the date inserted in this block nent's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be listed as
the docui	nent's effective date on the D	epartment of State's records.
ARTICL	EVI: Other provisions, if any.	
	REQUIRED SIGNATURE:	
	Signatur	re of a member of an authorized representative of a member.
	Signatu This documer	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes,
	I am aware the	at any false information submitted in a document to the Department of State
	constitutes a t	nird degree felony as provided for in s.817.155, F.S.

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 (Cartificate of Status

Thomas D. Harrington, Jr.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-