

# L15000201155

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000286665 3)))



H150002866653ABC6

RECEIVED

15 DEC -4 AM 8:28

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070003160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -4 AM 10:32

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TPOC Foxtrot II LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

H15000286665 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

TPOC FOXTROT II LLC

**ARTICLE II      ADDRESS**

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

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

**ARTICLE III      REGISTERED AGENT**

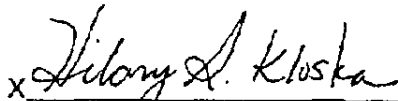
The name and the Florida street address of the registered agent are:

HILARY S KLOSKA

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

*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.*

x 

HILARY S KLOSKA / Registered Agent's signature

H15000286665 3

FILED  
2015 DEC -4 AM 10:32  
HILARY S KLOSKA  
REGISTERED AGENT  
STATE OF FLORIDA

H15000286665 3

PAGE 2 TPOC FOXTROT II LLC

**ARTICLE IV**

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

MANAGER

T. BRADLEY HARRIS

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

.....

x T. Bradley Harris  
T. BRADLEY HARRIS / Authorized Representative's signature .

*(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.)*

H15000286665 3