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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 08645 **AUTHORIZATION:** COST LIMIT : \$ 160.00 ORDER DATE: April 1, 2016 ORDER TIME : 12:20 PM ORDER NO. : 086456-005 CUSTOMER NO: 7989791 DOMESTIC FILING PATINA DESIGN GROUP LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP \_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

1201 Hays Street

## **COVER LETTER**

Division of Corporations
Patina Design Group LLC SUBJECT:
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:
Rebekah Barney
Name of Person
Firm/Company
2400 First Street Suite 214
Address
Fort Myers, FL 33901
City/State and Zip Code
barney@tmogholdings.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebekah Barney 646 812-6262
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:		
Patina Design Group LLC			
(Must end with	the words "Lir	nited Liability Company, "L.L.C.," or "l	LC.")
ARTICLE II - Address: The mailing address and street addre	ss of the princi	pal office of the Limited Liability Comp	any is:
Principal Office Address:	1	Mailing Address:	
2400 First Street		2400 First Street	
Suite 214 Fort Myers, FL 33901		Suite 214 Fort Myers, FL 33901	
The name and the Florida street addr Rebekah B	arney		
		Name	
	Street, Suite 2 et address (P.O	214 Box <u>NOT</u> acceptable)	
Fort Myers		FL 33901	
<del></del>	City	Zip	
the place designated in this certificapacity. I further agree to comply of my duties, and I am familiar wi  Rebekah	icate, I hereby is with the provision that and accept to Barney	ept service of process for the above stated accept the appointment as registered ager sions of all statutes relating to the proper the obligations of my position as registered Chapter 605, F.S  Signature (REQUIRED)	nt and agree to act in this and complete performance
Regis	tered Agent's	Signature (REQUIRED)	
	(CON)	FINITED)	16 /

CONTINUED)

Page 1 of 2

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BR" = Authorized Member R" = Manager R	
<u> </u>	71.1.1
	Rich Miner 2400 First Street, Suite 214
	Fort Myers, FL 33901
	Fort Myers, PL 33901
R	Rebekah Barney
· · · · · · · · · · · · · · · · · · ·	Rebekah Barney 2400 First Street, Suite 214
	Fort Myers, FL 33901
	4144
attachment if necessary)	
date is listed, the date must be specif	filing: (OPTIONAL)  Fic and cannot be more than five business days prior to or
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