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FILING		LLC
Park (Central TCP	LLC
(CORPORATE	NAME AND DOCUMENT #)	
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	NAME AND DOCUMENT #)	

ECIAL STRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

COVER LETTER

Division of Corporations		
SUBJECT: Park Central TCP LLC	·	
Nume of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Kevin A. Denti, Esquire		
	Name of Person	
Kevin A. Denti, P.A.	F: 10	
	Firm/Company	
2180 Immokalee Road - Suite #31		
	Address	
Naples, Florida 34110		
	City/State and Zip Code	
kdenti@dentilaw.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
Keyin A. Denti, Esquire at (;	239) 260-8111	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee Status Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addr	ress A.
Registration Section Division of Corporations	Registration Section Division of Corporat.	ions 7
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Park Central TCP LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ADTICLE II Address	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
The mining address and street address of the principal off	the of the Elimita Elability Company is.
Principal Office Address:	Mailing Address:
22424 Melden Center Dive	22424 Welder Octor Odin
23421 Walden Center Drive Suite #300	23421 Walden Center Drive Suite #300
Estero, Florida 34134	Estero Florida 34134
	,
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
another outsiness entity with the active 1 fortus registration.	,
The name and the Florida street address of the registered a	gent are:
Kevin A. Denti, Esquire Name	
Manie	
2180 Immokalee Road - Suite #	! 316
Florida street address (P.O. Box 1	
Nonlan	El 04440
Naples City	FL 34110 Zip
Chy	2.ip
Having been named as registered agent and to accept servi	ce of process for the above stated limited liability company at
the place designated in this certificate, I hereby accept to	he 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
	ations of my position as registered agent as provided for in
Chapter	605, F.S
	() / ~
Registered Agent's Signatur	e (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Walter S. Hagenbuckle
	23421 Walden Center Drive - Suite #300
	Estero, Florida 34134
	,
	
Use attachment if necessary)	
• /	f filing: (OPTIONIAL)
V: Effective date, if other than the date of the date is listed, the date must be spec-	of filing: (OPTIONAL) iffic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	ific and cannot be more than five business days prior to or 90
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