## 118000097848

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(City/State/Zip/Phone #)
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(Document Number)
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2018 AFR 20 PH 4: 28

APR 2 3 2018 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 174764\_ AUTHORIZATION : \$ 125.00 COST LIMIT : ORDER DATE: April 20, 2018 ORDER TIME : 3:14 PM ORDER NO. : 174764-005 CUSTOMER NO: 7208700 \_\_\_\_\_ DOMESTIC FILING NAME: TSFL LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX \_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT.

## COVER LETTER

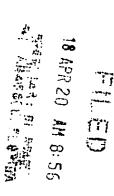
	New Filing Section Division of Corporations		
SUBJEC	TSFL LLC		
00000		imited Liabili	y Company
The enck	osed Articles of Organization and fee(s)	are submitted	or filing.
Please re	turn all correspondence concerning this	matter to the fo	llowing:
	Eric A. Friedman, Esq.		
		Name of	Person
	Berkowitz, Lichtstein, Kuritsky, G	iasullo & Gro	ss, LLC
		Firm/Cor	npany
	75 Livingston Avenue		
		Addre	SS
	Roseland, NJ 07068		
	of signature of Chillenge and	City/State and	Zip Code
	efriedman@blkgg.com E-mail address: (to be us	ed for future as	nnual report natification)
For further	r information concerning this matter, ple		
	Eric A. Friedman, Esq.	973	378-3200
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount:		
\$125,00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	D Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mm = Ext = E 1 (x				
The name of the Limited Li	ability Company is:			
TSFL LLC (Must	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal c	office of the Limited 1	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Ado	tress:
2235 NW 79th	Ave	2235	NW 79th Ave	
Mlami, FL 331			ni, FL 33122	
another business entity wit	npany cannot serve as its own ham active Florida registration treet address of the registered Corporation Service.	on.) d agent are:	ou must designate an i	HOLVIORAL OF
	4004 Have Otes 4	• •		
	1201 Hays Street Florida street addres	ss (P.O. Box NOT ac	cceptable)	
	Tallahassee	FL	32301	
	Tallahassee City	FL State	32301 Zip	

(CONTINUED)



ille:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Angie Omahony
	2235 NW 79th Ave
	Miami, FL 33122
<del> </del>	
	·
ctive date is listed, the date must be specif	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.) the date inserted in this block does not mee nent's effective date on the Department of S	fic and cannot be more than five business days prior to or 90 at the applicable statutory filing requirements, this date will not
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)