

L18000170225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

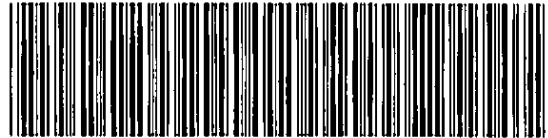
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800315593158

07/12/18--01015--002 ++155.00

FILED
SECRETARY OF STATE
CORPORATIONS
18 JUL 12 PM 2:51

C RICO
JUL 12 2018

TIMOTHY D. SHEEHAN
3345 N UNIVERSITY DRIVE
HOLLYWOOD, FL 33024
954 442-6452

July 9, 2018

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


Re: *Articles of Organization*
T.D.R.S. Management, L.L.C.

Dear Sir/Madam:

In reference to the above-captioned, enclosed herewith please find one original form for filing Articles of Organization, and an additional copy of same, together with a check in the sum of \$155.00 payable to the Florida Department of State.

Of course, should you require any additional information in this regard, please do not hesitate to contact me directly at the above inscribed address. Thanking you in advance for your courtesy in this regard I am

Sincerely,



Timothy D. Sheehan

cc: file
via: reg mail

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 12 PM 2:51

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: T.D.R.S. Management L.L.C.

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:

Sheila Green

Name of Person

T.D.R.S. Management, L.L.C.

Firm/Company

3345 N University Drive

Address

Hollywood, Florida 33024

City/State and Zip Code

sgreen@chemproducts.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Green

954

442-6452

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T.D.R.S. Management, L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3345 N University Drive
Hollywood, FL 33024

Mailing Address:

3345 N University Drive
Hollywood, FL 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sheila Green

Name

3345 N University Drive

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

Hollywood

FL

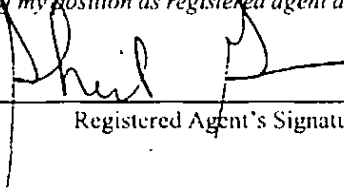
33024

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 12 PM 2:51

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Timothy D. Sheehan

3345 N Unioversity Drive

Hollywood, FL 33024

AMBR

Sheila Green

3345 N University Drive

Hollywood, FL 33024

(Use attachment if necessary)

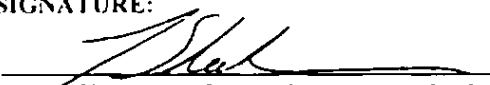
ARTICLE V: Effective date, if other than the date of filing: July 13, 2018 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Timothy D. Sheehan

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 (Optional)

FILED
IN THE DEPARTMENT OF STATE
CORPORATIONS
18 JUL 12 PM 2:51