

**L1900034889**

Florida Department of State  
Division of Corporations  
Electronic Filing 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.**

((H19000048269 3)))



H190000482693ABC8

**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 : M. BURR KEIM COMPANY  
Account Number : 119990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

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

FILED  
19 FEB 11 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE FL 32306

**FLORIDA LIMITED LIABILITY CO.  
Tribe Intensive LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 12 2019  
C Kinsey

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Tribe Intensive LLC

(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:3 Tory LaneMarlton, NJ 08053Mailing Address:3 Tory LaneMarlton, NJ 08053

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Thomas J. Maguire, Jr.

Name

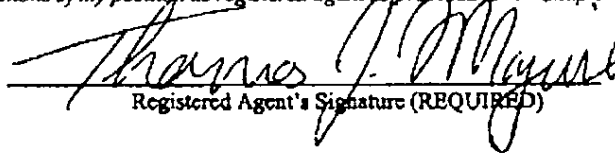
2449 NE 18th LaneFlorida street address (P.O. Box **NOT** acceptable)Jensen BeachFL34957

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)

19 FEB 11 AM 10:32  
RECEIVED  
OFFICE OF  
THE CLERK  
OF THE  
SUPREME COURT  
OF THE STATE  
OF FLORIDA  
TALLAHASSEE, FL 32301

(((H190000482693)))

**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:**

William P. Marshall

3 Tory Lane

Marlton, NJ 08053

AMBR

Thomas J. Maguire, Jr.

2449 NE 18th Lane

Jensen Beach, FL 34957

AMBR

Nicholas A. Vacarino

5675 SE Mitzi Lane

Stuart, FL 34997

AMBR

Kenneth A. Link, III


234 SE Village Drive

Port St. Lucie, FL 34952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

William P. Marshall

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  
19 FEB 11 AM 10:32  
DEPT. OF STATE  
TALLAHASSEE, FL 32301

(((H190000482693)))