

# L21000383525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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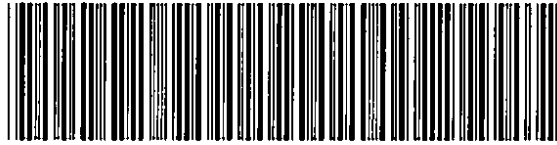
(Business Entity Name)

(Document Number)

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Division of Corporations  
TALLAHASSEE, FLORIDA

**CORPORATE  
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☐ **CERTIFIED COPY** \_\_\_\_\_  
**xx** **PHOTOCOPY** \_\_\_\_\_  
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**xx** **FILING** LLC \_\_\_\_\_

1. **TBMI II, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
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(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KLEIN & KLEIN, LLC**

Attorneys at Law

40 Southeast 11<sup>th</sup> Avenue

Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.

LAWRENCE C. CALLAWAY, III

PHONE (352) 732-7750

FAX (352) 732-7754

August 26, 2021

**TO: Registration Section  
Division of Corporation**

**RE: TBMI II, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**mirvin@irvinhomes.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TBMI II, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2313 East Ft. King Street, #100  
Ocala, FL 34471

**Mailing Address:**

P. O. Box 3956  
Ocala, FL 34478

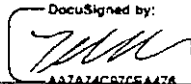
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARK IRVIN  
2313 East Ft. King Street, #100  
Ocala, FL 34471

*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, Florida Statutes.*

DocuSigned by:



AA7A74C87CEA476  
MARK IRVIN

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

"MGR"

MARK IRVIN  
P. O. Box 3956  
Ocala, FL 34478

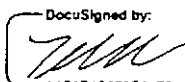
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**REQUIRED SIGNATURE:**

DocuSigned by:



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 in s.817.155, F.S.

**MARK IRVIN**

Typed or printed name of signee