

L22000301289

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SHOPPING CENTER MANAGEMENT  
Account Number : I20210000196  
Phone : (305)933-5507  
Fax Number : (305)933-5550

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

Email Address: FORSINI@TURNBERRY.COM

## FLORIDA LIMITED LIABILITY CO.

## TB Seagate PMA LLC

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

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COMMERCIAL  
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TALLAHASSEE, FLORIDA

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121

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TB Scagatc PMA LLC

\_\_\_\_\_  
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:

Mario A. Romine

\_\_\_\_\_  
Name of Person

Turnberry Associates

\_\_\_\_\_  
Firm/Company

19501 Biscayne Boulevard, Suite 400

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

forsini@turnberry.com

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

For further information concerning this matter, please call:

Mario A. Romine	305	933-5507
_____ 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

TB Seagate PMA 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:**19501 Biscayne Blvd., Suite 400  
Aventura, FL 33180**Mailing Address:**19501 Biscayne Blvd., Suite 400  
Aventura, FL 33180**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:

C T Corporation System

Name

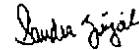
1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation, Florida 33324

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..*

C T Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

TB Seagate LLC

19501 Biscayne Blvd., Suite 400

Aventura, FL 33180

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Country	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
Japan	7	10	13	16	19	22	25	28	30	30	30
Germany	10	13	16	19	22	25	28	30	30	30	30
France	12	15	18	21	24	27	30	30	30	30	30
Italy	14	17	20	23	26	29	30	30	30	30	30
Spain	16	19	22	25	28	30	30	30	30	30	30
Sweden	18	21	24	27	30	30	30	30	30	30	30
United States	8	10	12	14	16	18	20	22	24	26	28
United Kingdom	9	11	13	15	17	19	21	23	25	27	29

\_\_\_\_\_

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\_\_\_\_\_

.....

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\_\_\_\_\_

(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.**

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**REQUIRED SIGNATURE:**

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**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.

**Mario A. Romine**

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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