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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 : M. BURR KEIM COMPANY

Account Number : I19990000242 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.

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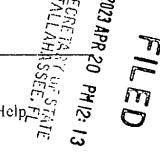


FLORIDA LIMITED LIABILITY CO.

TLFL Associates LLC

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

Electronic Filing Menu Corporate Filing Menu



Fax: (850) 617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: TLFL Associates 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: Mailing Address: 303 W. Lancaster Avenue, #290 303 W. Lancaster Avenue, #290 Wayne, PA 19087 Wayne, PA 19087 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:

Registered Agents I	nc	
	Name	
7901 4th Street N., 5	Suite 300	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St. Petersburg	FL_	33702
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)

(((H230001478843)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Jeffrey Kolessar 303 W. Lançaster Avenue, #290	
	Wavne, PA 19087	
AMBR	Joseph Wellenbusher 303 W. Lancaster Avenue, #290	
	Wayne, PA 19087	
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