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Name:	TPJJ of So	uth Florida LLC	
Document #:			
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		((Thank you!))	

ARTICLE 1 - Name: The name of the Limited Liability Company is:	IDA LIMITED HABILITY COMPANY
TPJJ of South Florida LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is: Mailing Address:
Principal Office Address:	
1680 Lands End	1680 Lands End
Lakeworth, Florida 33462	Lakeworth, Florida 33462

Timothy Gulla		
	Name	
1680 Lands End		
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Lakeworth	Florida	33462
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. Thereby 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..

Timolly Gulla
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager	Timothy Gulla 1680 Lands End Lakeworth, Florida 33462	
	Lakeworth, Florida 33462	
		-
(Use attachment if necessary)		
ocument's effective date on the Department of ICLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date wif State's records.	
Telle VI: Other provisions, if any.		
REOUIRED SIGNATURE:	DocuSigned by:	
· · · · · · · · · · · · · · · · · · ·	Timothy Gulla	
	486AF2F00C4441B	
This document is execute I am aware that any false	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Stat information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	
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This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statinformation submitted in a document to the Department of felony as provided for in s.817.155, F.S. Timothy Gulla Typed or printed name of signee	