

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220

Fax Number : (800)906-9880

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. TPG HOLDINGS FL LLC

	
Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TPG HOLDINGS FLULC

(Musi 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:	
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Mailing Address:

8077 VALHALLA DRIVE	8077 VALHALLA DRIVE
DELRAY BEACH, FL 33446	DELRAY BEACH, FL 33446

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.

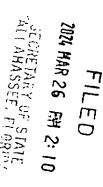
Registered Agent Si	olutions, Inc.	
	Name	
2894 Remington Gr	een Ln. Ste. A	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Tallahassee	FL	32308
City	State	Zip

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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/S/ AVI WEISS, ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	TARA GUIFFRE 8077 VALHALLA DRIVE DELRAY BEACH, FL 33446
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at of State's records
ARTICLE VI: Other provisions, if any	
REQUIRED SIGNATURE:	
	/S/ AVI WEISS
This document is exec I am aware that any fal	nember or an authorized representative of a member, uted in accordance with section 605,0203 (1) (b), Florida Statutes se information submitted in a document to the Department of State ee felony as provided for in \$.817,155, F.S.
ANTWEISS	Typed or printed name of signee