

C24000225591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700420817487

05/17/24--01005-1012

STATE  
CLERK  
TALLAHASSEE, FL

2024 MAY 21 AM 9:47

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 MAY 17 AM 11:06

RECEIVED

CORPORATE  
ACCESS,  
INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 5/17

XX CERTIFIED COPY

PHOTOCOPY

CUS

XX FILING

LLC

1. TML RESPONSIVE PARTNERS LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED  
2024 MAY 21 AM 9:47  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TML Responsive partners 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:

L9777 Vitrail Lane  
Delray Beach, FL 33446

PO Box 480999  
Delray Beach, FL 33448

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:

Barry Haskell

Name

9777 Vitrail Lane

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FL

33446

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

/s/ Barry Haskell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014/06/21 AM 9:47  
FILED  
STATE  
CLERK  
OFFICE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

RTC Tri-Family Manager LLC

PO Box 480999

Delray Beach, FL 33448

MBR

TML Partners LLC

PO Box 480999

Delray Beach, FL 33448

(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.

**REQUIRED SIGNATURE:**

/s/Barry Haskell

**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.

Barry Haskell

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)

FILED  
2024 MAY 21 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL