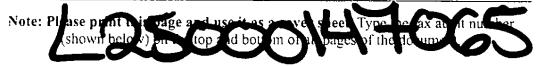
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



(((H25000122654 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email	Address:		<i>σ</i> -

FLORIDA LIMITED LIABILITY CO. TLD DEV LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TLD DEV L	C
	(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
	ddress: ess and street address of the principal office of	the Limited Liability Company is:
ARTICLE II - A The mailing addre		the Limited Liability Company is: <u>Mailing Address:</u>

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Vcorp Ager	nt Services, I	nc.				
	Name					
1200 South Pine Island Road						
Florida 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..

Miriam Nachison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Chanoch Donnebaum 1895 Tyler Street, Suite 405, Hollywood, FL 33020 (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: Chanoch Donnebaum 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. Chanoch Donnebaum 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)