

FD-221 (1-100) P-002 008 JUL 12 1995

FD-221 (1-100) P-002 008 JUL 12 1995

FD-221 (1-100) P-002 008 JUL 12 1995

L95000000606

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

200001543642
-07/24/95--01020--003
****293.75 ****293.75

SUBJECT: T. L. Financial, LLC.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for

☐ \$285.00
Filing Fee
& Registered
Agent designation

☒ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: Ronald Thurston
Name (Printed or typed)

2176 Eagle Rest Drive
Address

Apalachicola FL 32712
City, State & Zip

907-899-2047
Daytime Telephone number

FILED
AUG -7 PM 1:00
TALLAHASSEE FLORIDA
SECRETARY OF STATE

SHARON L. TALA
AUG -7 1995

W95-15150

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1995

RONALD THURSTON
2176 EAGLES REST DRIVE
APOPKA, FL 32712

SUBJECT: T AND L FINANCIAL, L.L.C.
Ref. Number: W95000015150

We have received your document for T AND L FINANCIAL, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of the Limited Liability Company must be identical throughout the document.

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 895A00035759

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T and L Financial L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

*2176 Eagles Rest Drive
Apopka, FL 32712*

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Ten Years

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Ronald Thurston

*2176 Eagles Rest Drive
Apopka, FL 32712*

Sylvia L. Locken

*10709 Beaver Pond Lane
Raleigh, NC 27614*

FILED
55 AUG - 7 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

N/A

ARTICLE VI - Members' Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

L.G.
TBL Financial, Inc.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 150,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ —
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ —
- 5) the total amount of 2, 3, and 4 is \$ 150,000

Paul F. Hunter
Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

FILED
95 AUG -7 PM 1:07
TALLAHASSEE FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: T & L Financial, L.C.

2. The name and address of the registered agent and office is:

Ronald Thurston
(NAME)

2176 Eagle Nest Drive
(P.O. Box NOT ACCEPTABLE)

Apopka, FL 32712
(CITY/STATE/Zip)

FILED
95 AUG -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Ronald Thurston
(SIGNATURE)

7/18/95
(DATE)

FILE NOW: Fee after May 1, will be \$263.75

<div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">L9500000606</div> <div style="position: absolute; top: 0; left: 50%; transform: translate(-50%, -50%);"> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 1000 1000 </div>		<div style="font-size: 1.5em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">FEB 29</div> <div style="position: absolute; top: 0; left: 50%; transform: translate(-50%, -50%);"> 96 FEB 29 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000606 T & L FINANCIAL, L.C. 2176 EAGLES REST DRIVE APOPKA FL 32712		1a. Principal Place of Business Address 2176 EAGLES REST DRIVE APOPKA FL 32712	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a</small>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 08/07/1995		3a. State of Formation FL	
4. FEI Number 56-1851588		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent THURSTON, RONALD 2176 EAGLES REST DRIVE APOPKA FL 32712		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	THURSTON, RONALD	2176 EAGLES REST DRIVE	APOPKA FL
MGRM	LOCKEN, SYLVIA L	10709 BEAVER POND ROAD	RALEIGH NC
<div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">3/1/96a</div>			<div style="font-size: 1.2em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">800001732898</div> <div style="position: absolute; top: 0; left: 50%; transform: translate(-50%, -50%);"> -03/05/96--01098--014 ***238.75 ***238.75 </div>
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Ronald Thurston</i>		2/8/96 407 889-2017	