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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: TLE PROPERTIES, LLC (Name of	Limited Liability Company)
Florid	, , , , , , , , , , , , , , , , , , ,	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited ida
Please	e return all correspondence concerning t	<u> </u>
	Gretchen M. Nichols,	Attorney at Law (Name of Person)
		(Name of Person)
	Nesper, Ferber & DiGia	(Firm/Company)
		(Firm/Company)
	501 John James Au	dubon Parkway, Suite 300
	301 00mm 0ames 7 to	(Address)
	Amherst, New York	14228
	(Ci	ty/State and Zip Code)
For fi	urther information concerning this matte	r, please call:
	Gretchen M. Nichols	at (716) 688-3800
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	osed is a check for the following amount \$\sum \$\\$125.00\$ Filing Fee \$\sum \$\\$130.00\$ Filing Fer Certific	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. TLE PROPER				
	(Name of Foreign	Limited Lia	bility Company)	
, NEW YORK		3.	01-080-3182	
(Jurisdiction under the company is organized	e law of which foreign limited i)	liability	(FEI number, if appli	cable)
. OCTOBER 1	0, 2003	_ 5.	PERPETUAL	
(Date	of Organization)		(Duration: Year limited liability co exist or "perpetual")	mpany will cease to
5. N/A				7AFEC TALL
	(Date first transacted busin (See sections 608.501 & 608	ness in Flori 8.502 F.S. to	da, if prior to registration.) determine penalty liability)	二部 日 三
. 8810 STAHL	EY ROAD, CLAREN	CE CEN	ITER, NEW YORK 14032	2 JASSE T
		-		TO TO
	(Street	Address of	Principal Office)	
. If limited liability	y company is a manager-m	nanaged co	ompany, check here	
The name and us	ual husiness addresses of	the manag	ing members or managers are a	is follows:
		_	_	
TINA L. ENGL	, MANAGING-MEMBER	₹, 8810 \$	TAHLEY ROAD, CLARENC	CE CENTER, NY 14032
DOUGLAS EN	GL, MANAGING-MEMB	BER, 8810	STAHLEY ROAD, CLAREN	NCE CENTER, NY 1403
				· · · · · · · · · · · · · · · · · · ·
0. Attached is an origina	l certificate of existence, no more	than 90 day	s old, duly authenticated by the official	having custody of records in
e jurisdiction under the	law of which it is organized. (A)	photocopy is	not acceptable. If the certificate is in a	foreign language, a
ansianon of the centincal	te under oath of the translator mu	st be submiti	ed.)	
1. Nature of busine	ess or purposes to be cond	ucted or p	romoted in Florida:	
TO OWN PRO	OPERTY			
	3= 2	<u> </u>		
			prized representative of a memb	
	(In accordance with section 608	.408(3), F.S.,	the execution of this document constitute that the facts stated herein are true.)	es
	TINA L. ENGL	es or perjury	mai me facis stated hefehi ale (file.)	
		printed na	ame of signee	

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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

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		-	- '	_	_	_	_			- ,		_	_

	, -
2. The name and the Florida street address of the registered agent and office are:	TAECRE TAECRE
TINA L. ENGL	
(Name)	SSER TO
2550 North Alafaya, Unit 1206	EFFER PR 2:
Florida Street Address (P.O. Box NOT ACCEPTABLE)	02
Orlando _{FL} 32826	~
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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss

I hereby certify, that TLE PROPERTIES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/16/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of TLE PROPERTIES, LLC was filed on 01/20/2004.

An Affidavit of Publication of TLE PROPERTIES, LLC was filed on 01/20/2004.

A Biennial Statement was filed 10/07/2005.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of August two thousand and six.

Daniel Shapiro

Special Deputy Secretary of State

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