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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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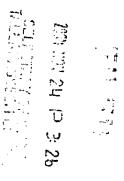


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ELGG. Bertens 6324 OAK CT LAKELANS FLA 33813

Home Pitene 863. 644.0792 Cell Pitene 813.610.0160



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Teenfaces Media LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELGG Bertens (Name of Person)
TeenFaces Media LLC (Firm/Company)
6324 OAK CT (Address)
LAKELAND FLA 33813 (City/State and Zip Code)
For further information concerning this matter, please call:
ELGG Bertens at (813) 610:0160 7
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status S25 (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Teenfaces Media LLC	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6324 OAK CT	6324 OAK CT
LAKELAND FLA 33813	LAKELAND FLA 33813
The name and the Florida street address of the registered as FLGG Bentens Name 6324 OAK CT Florida street address (P.O. Box NOT a	gent are:
LAKQ LAND FL City, State, and Zip	
Having been named as registered agent and to accept servi liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance of accept the obligations of my position as registered agent as	I hereby accept the appointment as agree to comply with the provisions of all fmy duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Ma The name and address of each Mana	naging Member(s): uper or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M6R	Edward M Amos JR 3500 Vista GRANDE BLVD. CARSON CITY, NV. 89705
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(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	In Anos John of member.
(In accordance with of this document con that the facts stated I	section 608.408(3), Florida Statutes, the execution is a statutes an affirmation under the penalties of perjury
	Filing Fee: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)