ion of Corporations

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TOS

Division of Corporations Fax Number

: (650)205-0383

From:

Account Name : M. BURK KEIN COMPANY

Account Number: 119990000242 Phone: (215)563-8113

Fax Number : (215)977-9386

LIMITED LIABILITY COMPANY

T.E.A.M. LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Composite Place

Machinesia White Manua

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: T.E.A.M. LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 10703 Arrowhead Lake Court, Thomotosassa, FL ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Donna Elam Name 10703 Arrowhead Lake Court Florida street address (P.O. Box NOT acceptable) Thonotosassa City, State, and 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, F.S. Registered Agent's Signature (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Donna Elam

Filing Free:
\$100.00 Filing Fee for Articles of Organization
\$ 35.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee