

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : A I A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 674-3369

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TIGER ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Handwritten initials and date: 7-1-03

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
TIGER ENTERPRISES, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
1344 DEXTER RD.
NORTH PORT, FL 34288

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are
JAMES SLATON
1344 DEXTER RD.
NORTH PORT, FL 34288

I having been named as registered agent 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
JAMES SLATON

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, member-managed company

ARTICLE V MEMBERS (optional)

Managing Member:
JAMES SLATON
1344 DEXTER RD.
NORTH PORT, FL 34288

Managing Member:
BRIAN WHEATLEY
2413 SONOMA DR.
NOKOMIS, FL 34275

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PAGE 2 TIGER ENTERPRISES, LLC

Managing Member:
MIA SLATON
1344 DEXTER RD.
NORTH PORT, FL 34288

Managing Member:
LISA WHEATLEY
2413 SONOMA DR.
NOKOMIS, FL 34275



Signature of a member or an authorized representative of a
(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.

JAMES SLATON
Typed or printed name of signee

APPROVED
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