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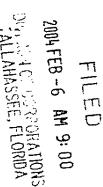
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BULK TEA SUPPLY. COM 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:	704
DAVID T. WALKER	MAREB-6 P
(Name of Person)	35 0 1
BULK TEA SUPPLY. COM LLC	FILED 9:00
(Firm/Company)	702 40
1878 UNIVERSITY PARKWAY.	ROLL O
(Address)	
SARASOTA, FL 34243	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID T. WALICER at (941) 358-6884. (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	•

STREET ADDRESS:

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

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - N The name of the	
	BULK TEA SUPPLY. COM LIC
ARTICLE II - A	Address: ress and street address of the principal office of the Limited Liability Company is:
Principal Office	Address: Mailing Address:
1878 [ANIVERSITY PARKWAY 1878 UNIVERSITY PARKWAY
•	MNIVERSITY PARKWAY 1878 UNIVERSITY PARKWAY SOTA, FL 34243 SARASOTA, FZ 34243
ARTICLE III -	Registered Agent, Registered Office, & Registered Agent's Signature:
The name and th	e Florida street address of the registered agent are:
	DAVID T. WALKER
	DAVID T. WALKER Name 7123 BOCA GROVE PL # 204
	7123 BOCA GROVE PL # 204
	Florida street address (P.O. Box NOT acceptable)
	BRADENTON FLORIDA 34743 City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	Manager(s) or Managin ddress of each Manager of	ng Member(s): or Managing Member is as follows:	The State of			
Title: "MGR" = Mana "MGRM" = Ma	iger inaging Member	Name and Address:	May Sold			
MGRM	<u>.</u>	DAVID T. WALKER 7123 BOCA GROVE PLH. BRADENTON, FL 3420	204 Pors			
Marm		VICTOR J. FERRETTI 24 HOWELL STREET WHIPPANY, NJ 07981				
						
	<u> </u>					
(Use attachmen	t if necessary)		 ′.			
NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:						
Sig	mature of a member or an a	uthorized representative of a member.	. ,			
(Ir of	accordance with section 608.	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury				
		T. WALKER	· · · · · · · · · · · · · · · · · · ·			
	Typed or pri	inted name of signee				

Filing Fees:

\$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)