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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TEGAR INTERNATIONAL LLC	
(Name of Limited Li	ability Company)
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
LARISSA BOYARSKY	
(Name of Person)	
UNIVERSAL ACCOUNTING SYSTEMS, INC	>.
(Firm/Company)	
328 NEPTUNE AVE	04 MAR 17 PM 1: 02
(Address)	MAR 17
BROOKLYN, NY 11235	
(City/State and Zip Code)	PM 1: 02
For further information concerning this matter, ple	
LARISSA BOYARSKY at (718 891-8900
(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

ARTICLE I - Name: The name of the Limited Liability Company is: TEGAR INTERNATIONAL LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>
5900 COLLINS AVE APT,2206	5900 COLLINS AVE APT.2206
MIAMI BEACH, FL 33140	MIAMI BEACH, FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

N	lame
5900 COLLINS AVE	APT.2206
Florida street address	s (P.O. Box NOT acceptable)
MIAMI BEACH	_{FL} 33140
City, S	tate, 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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:			
"MGR" = Manager					
"MGRM" = Managir	ng Member				
MGRM		GARY BOGATIN			
		<u> </u>			
		5900 COLLINS AVE APT.2206			
		MIAMI BEACH, FL 33140			
MGRM		GARY BOGATIN			
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(Use attachment if necessary)			SSE T		
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REQUIRED SIGNA	ATURE:		E.FLODD,	1:02	· Seguir

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.)

Pyped or printed pame of signee

<u>Filing Fees:</u> \$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)