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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TEd STEELE LL (Name of Lie	mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	<u>-</u>	
Please return all correspondence concerning this ma	tter to the following:	
TEd STEELE (Name of Person)		
TEd STEELE LLC (Firm/Company)		ZOON JI SECRE
2904 FLETCHER AVE. (Address) EATON PARK FL. 33840 (City/State and Zip Code)	POB-797	ARY C
EATON PARK, FL. 33840. (City/State and Zip Code)	-0797	T
For further information concerning this matter, pleas	se call:	
TEd-OR- HELEN STEELE (Name of Person)	at (863) 669-9403 (Area Code & Daytime Telephone Number	0
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee \$\frac{\frac{1}{2}}{2}\$\$ \$130.00 Filing Fee & □ Certificate of Status	(additional copy is enclosed) Certified Co	of Status &
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TED STEERE LAC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	Company is:
Principal Office Address: Mailing Address:	
Ted Steels Ted Steels	
2904 FLOTCHER. AVE. POB-797 EATON PARK FL. 33840 EATON PARK It. 3	33840-019:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	700
The name and the Florida street address of the registered agent are:	0
Chad Pape Name	€. 3
2848 Florida Street address (P.O. Box NOT acceptable)	
LAKELAND FL 33803	
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..

Acd Poffe
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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	TED STEEKE 2904 FLETCHER AVE. PUB-197 EATEN PARK, FL. 33840-0197
MGRM	BRUCE PORE 2848 FLETCHER AUE. LAKELAND, FL. 33803
MGRM	Chad Pope 2848 FLATCHER AVE. LAKE LAND FL. 33803
MGRM	Michael Nida 2848 FLETChen AVE. LAKELAND, FL. 338803
(Use attachment if necessary) (OVER)	
NOTE: An additional article must be	S 2 7
REQUIRED SIGNATURE:	: : : : : : : : : : : : : : : : : : :
Signature of a member of	or an authorized representative of a member.
of this document constituent that the facts stated herein	•
1-d STEEL Type	d or printed name 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)

(MGRM) VEREMY PODE 2848 FLETCHER AVE. LAKELAND, 71. 33803

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