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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		alion
<u> </u>	Office Use Only	NO



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O4 SEP -9 PM 12: 02

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TEL Realty Holdings, 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:				
Low Fern's (Name of Person)				
TEL Bealty Holdings (Firm/Company)				
950 Sunshine Lane				
Altamonte Springs Florida 32714 (City/State and Zip Code)				
For further information concerning this matter, please call:	1 0			
LOW Ferri'S at (407) 786.4555 H (Name of Person) (Area Code & Daytime Telephone Number) SET CORRECTED (Name of Person)	SEP -9 PHI			
	PM 12: 02	لي		

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

I office of the Limited Liability Company is: Malling Address: 950 Sunshine Lane Altamate Springs, F1 3271
950 Sunshine Lane Altamonte Springs, F1327
Altamonte Springs, F1327
Altamonte Springs, F1327
resident Bor -
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OT acceptable)
CORIDA 32714 PEC 7 1
process for the above stateHimiteAjability
ept the appointment as registered agent and covisions of all statutes relating to the proper
and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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

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

<u>Titie:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President, mgrm	Lou Ferris
	Ot SEP -
(Use attachment if necessary)	9 PM 12: 02 SEE, FLORID
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	thorized representative of a member. 08(3), Florida Statutes, the execution firmation under the penalties of perjury 1.) 1. Stated 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)