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SECRETARY OF STATE
AND A SEE FLORIDA

11/1/04



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T-N-T L.L.C (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:	
TERRY & TERRI VANT (Name of Person)	
T-N-T L.L.C (Firm/Company)	
6280 E, Plum St.	2004 NOV SECRET TALLAH
Toverness F1. 34452 (City/State and Zip Code)	-9 AM 8 PARY OF STI ASSEE, FLO
For further information concerning this matter, please call:	22 ATE IRIDA
TERRY OR TERRI VANT at (352) 341-7756 (Name of Person) (Area Code & Daytime Telephone Number)	· ·
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee S2 Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee S2 Certified Copy (additional copy is enclosed)	atus &

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:		
T-N-T L.L.C.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	Company	is:
Principal Office Address: T-N-T L.L.C T-N-T L.L.C Ga80 E. Plum st Enverness F1 34452 Thermess F1 3445	_ 	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	ure:	
Theresa Yant Name 6280 E. Plum St Florida street address (P.O. Box NOT acceptable) Theres S FL 34452 City, State, and Zip Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 6	SSEE, FLORIDATE limit as visions of ar with an	i fall

(CONTINUED)

The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	B. TERRY YANT JR.
	Inverness Pl 34452
NGRM	Theresa YANT
	Log 80 E. Plum St Inverness Fl 34452
	, <u> </u>
Vice in the second seco	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	SECRETAL AHAS

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

ANT

authorized bepresentative of a member.

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

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