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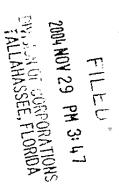
(Requesto	or's Name)	
(Address)		
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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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J. STIPM DEU 9 2004

TRANSMITTAL LETTER

.. - - -

TO: Registration Se Division of Cor			
SUBJECT: Team IP I		11:12:4	
	(Name of Limited	d Liability Company)	
	Organization and fee(s) are st	_	
Please return all correspo	ondence concerning this matte	r to the following:	
Lori Pere	ira		
	(t	Name of Person)	<u>~ 3</u>
			P. C. C.
Team IP Holdings, L	ıc		INDIANOV 29 PM 3: 41 JUNE PORATION JUNE PORATION
rount troidingo, E		Firm/Company)	20 1
			SHOW 2
4750 CE Co.	off Aliamayea Cia		E POR SI
1756 SE SU	uth Niemeyer Cir	(Address)	\(\frac{1}{2} \) \(\frac{1}{2} \)
		(Fuuross)	502
Port S	St Lucie FL 34952		
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Lori Pereira		at (772) 408-5087	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:
	ration Section	Registration Se	ection
	on of Corporations Gaines Street	Division of Co P.O. Box 6327	
	assee, Florida 32399	Tallahassee, Fl	

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
Team IP Holdings, LLC	Fig. 7
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1756 SE South Niemeyer Cir	1756 SE South Niemeyer Cir
Port St Lucie FL 34952	Port St Lucie FL 34952
ARTICLE III - Registered Agent, Registered address of the name and the Florida street address of	stered Office, & Registered Agent's Signature: f the registered agent are:
	, •
The name and the Florida street address of Randall L. Sparks	, •
The name and the Florida street address of Randall L. Sparks	f the registered agent are:
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr	f the registered agent are:
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr	f the registered agent are: Name
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr Florida street address of Randall L. Sparks Port St Lucie FL 34983	f the registered agent are: Name
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr Florida street address of Randall L. Sparks Port St Lucie FL 34983 City, Street Raving been named as registered agent and liability company at the place designated.	Name The registered agent are: Name The redistered agent are: Name The redistered agent are: FL State, and Zip The redistributed accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr Florida street St Lucie FL 34983 City, St Having been named as registered agent and liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complete.	FL State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and
The name and the Florida street address of Randall L. Sparks 338 SW Lucero Dr Florida street St Lucie FL 34983 City, St Having been named as registered agent and liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complete.	The registered agent are: Name Teet address (P.O. Box NOT acceptable) FL State, and Zip Ind to accept service of process for the above stated limited and this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all

(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:
MGR	Randall L. Sparks
	338 SW Lucero Dr
	Port St Lucie FL 34983
	Pig
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	the state of the s
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a mem	ther or an authorized representative of a member.
(In accordance with of this document cout that the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury distribution are true.)
Randall L Sparks	
	Typed or printed name of signee

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)