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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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SECALIANASSEE FLORIC

TRANSMÏŢTAL LETTER

	tration Section ion of Corporations				
SUBJECT: _	Teal Creek Inv	estments, L.L.	C.		
	(Name	of Limited Liability Co	mpany)		
The enclosed A	Articles of Organization and f	ee(s) are submitted for f	iling.		
•	Please return all con	rrespondence concerning	g this matter to the following:		
	Atty. Micha Fla. Bar #99	el J. Rich 8907 (Name of Person			
-		(Firm/Company))		
1	7000 South Aven				
		(Address)	,		
	Youngstown, Oh	io 44512. (City/State and Zip C	o.f.)	 ·	
		City/State and Zip C	·		•
For further info	ormation concerning this matt	er, please call:			
Ronald	A. Carrabbia	at (237 0000		
 ,	(Name of Person)	(Area C	ode & Daytime Telephone Number	,	
	FREET ADDRESS:		MAILING ADDRESS: Registration Section	OL NOV 29 AH 7: 2 SECALAHASSEE FLORI	AND CONTROL OF THE CO
	egistration Section ivision of Corporations		Division of Corporations	DA	,

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES'OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N		
The name of the	Limited Liability Company is:	
Teal	Creek Investments, L.I	C.
ARTICLE II - A		cipal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
6527 The N	Masters Avenue	
Bradenton,	Florida 34202	<u>SAME</u>
		
	Registered Agent, Registered (Florida street address of the reg	Office, & Registered Agent's Signatures istered agent are:
	Ronald A. Carrabbia	ASS 29
	Name	
	6527 The Masters	Avenue Say NOT accentable)
	Florida street address (P.O. I	Box NOT acceptable)
	Bradenton	FLORIDA 34202
	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, Florida Statutes.

Registered Agent's Signature

Ronald A Carrabbia

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

4

14

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Ronald A. Carrabbia		
	6527 The Masters Avenue		
	Bradenton, Florida 34202		
			
(Use attachment if necessary)			
(Ose attachment if necessary)	·		
	·		
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:			
////	1 m		
Si Mala A	and the second		
Signature of a member of an any	horized 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.)			
	Ronald A. Carrabbia		
	ted 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)