## L05000007/10

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(enjocate/2,p/1 tene n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octobed Copies
Special Instructions to Filing Officer:

Office Use Only



500043792495

00/12/05--01024--010 \*\*145.00

FILLS
2005 JAN 12 PM 2: 42
2005 JAN 12 PM 2: 42
2007 JAN 12 PM 2: 42

## TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: TEBOP		ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Robert L	Shear		
	(	Name of Person)	PILES 2005 JAN 12 PM 2: 42 2005 JAN 12 PM 2: 42 DIENSEE, FLORIDA ALLAHASSEE, FLORIDA
Robert L. Shear, P.			
	(	Firm/Company)	SET P
			POR PL
2650 McCo	rmick Dr., Suite 130	<del></del>	
		(Address)	DA CHE
Clear	water, FL 33759		
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Robert L. Shear		at (_727) 712-1228	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	r the following amount:		
Ø \$125.00 Filing Fee	S \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ET ADDRESS: ration Section on of Corporations	MAILING A Registration S Division of C	Section

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZA	TION FOR FLORIDA LIMITED LIABILITY CO	PANY
ARTICLE I - Name:	The state of the s	至三
The name of the Limited Liabi	lity Company is:	72日
TEBO Properties, LLC	· <sub>F</sub>	9. 2. 2. 2. E
ARTICLE II - Address:		整2
The mailing address and street	address of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
2650 McCormick Dr.	2650 McCormick	
Suite 130	Suite 130	_
Clearwater, FL 33759	Clearwater, FL 33759	_
	gent, Registered Office, & Registered Agent's Signatur	re:
	t address of the registered agent are:	re:
The name and the Florida stree	t address of the registered agent are:	re:
The name and the Florida stree	t address of the registered agent are:	re:
The name and the Florida stree	t address of the registered agent are:  ear, Esq.  Name	re:
The name and the Florida stree	t address of the registered agent are:  ear, Esq.  Name  mick Dr., Suite 130  Florida street address (P.O. Box NOT acceptable)	re:
The name and the Florida stree  Robert L. Sh  2650 McCor	ear, Esq.  Name  mick Dr., Suite 130  Florida street address (P.O. Box NOT acceptable)	re:

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member  MGR	Robert L. Shear	
	2650 McCormick Dr., Suite 130 Clearwater, FL 33759	
MGRM	Terry McCoy 3181 Sharpe Ln.	3
	Dunedin, FL 34698	ns 14N 12
	ASSEE SEE	12 PM
	FLOR	1 2: 42
(Use attachment if necessary)		, -
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE?  Signature of a member or	an authorized representative of a member.	
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution on affirmation under the penalties of perjury are fuge.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Robert L. Shear

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)