

L05000032644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DATE

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2005 MAR 31 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T & T 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:

Thomas M. Pisciotta and Theresa R. Pisciotta
(Name of Person)

T & T LLC
(Firm/Company)

5958 Bishops Place
(Address)

St. Louis, MO 63109
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Pisciotta and Theresa R. Pisciotta at (314) 351-6915
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$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)

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

TR
\$160.00
Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)
JUN 1 P 3:24
TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T & T LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

T & T LLC

107 Somerset Bridge Road

Point Washington, Florida 32459

Mailing Address:

Pisciotta

5958 Bishops Place

St. Louis, Mo 63109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Thomas M. Pisciotta and Theresa R. Pisciotta

Name

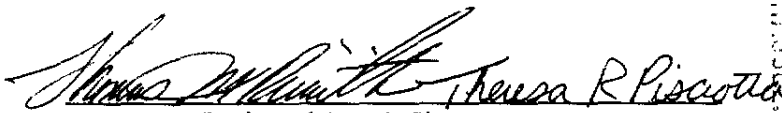
107 Somerset Bridge Road

Florida street address (P.O. Box **NOT** acceptable)

Point Washington, Florida 32459 FL

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, F.S.



Registered Agent's Signature

RECEIVED
JAN 31 10 31 AM '08

31 10 31 AM '08

(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

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas M. Pisciotta

5958 Bishops Place

St. Louis, Mo 63109

MGRM

Theresa R. Pisciotta

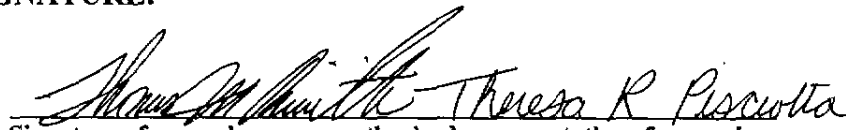
5958 Bishops Place

St. Louis, Mo 63109

(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 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.)

Thomas M. Pisciotta and Theresa R. Pisciotta

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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