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(Re	equestor's Name)	•
(Ad	ldress)	
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PICK-UP	WAIT	MAIL MAIL
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Special Instructions to		
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Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Se Division of Co				
SHRII	сст. TerraTec	h Properties, LLC			
50.001		(Name of Limite	d Liability Co	ompany)	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for	filing.	
Please	return all corresp	ondence concerning this matte	r to the follo	wing:	
	David Ja	cobs			
		O	Name of Person	1)	v - 1 - com virtu
Terra	aTech Propertie				
		(Firm/Company	·)	
	105 S. Rive	rside Dr., Suite 121	24 11 - 5		· · · · · · · · · · · · · · · · · · ·
			(Address)		
		// F I 200 00			
	Indial	antic, FL 32903	State and Zip	Code)	
		(0.9)		,	
For fur	ther information	concerning this matter, please	call:		
Deside	la sak s		004	700 0400	
David	Jacobs (Name	of Person)	at (321 (Area	733-2122 Code & Daytime To	elephone Number)
			·	_	•
Enclos	ed is a check fo	r the following amount:			
☐ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (0 Filing Fee & Copy opy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi	ET ADDRESS: ration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co	ection orporations

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TerraTech Properti	es, LLC	
ARTICLE II - A	ddaara	· · · · · · · · · · · · · · · · · · ·
		f the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
105 S. Riverside Dr., Suite 121		105 S. Riverside Dr., Suite 121
Indialantic, FL 32903		Indialantic, FL 32903
The name and the	Florida street address	of the registered agent are:
The name and the	Florida street address of David Jacobs	of the registered agent are:
The name and the		of the registered agent are: Name
The name and the		Name
The name and the	David Jacobs 105 S. Riverside Dr., S	Name
The name and the	David Jacobs 105 S. Riverside Dr., S Florida s Indialantic, FL 32903	Name Suite 121 street address (P.O. Box <u>NOT</u> acceptable) FL
The name and the	David Jacobs 105 S. Riverside Dr., S Florida s Indialantic, FL 32903	Name Suite 121

(CONTINUED)

Page 1 of 2

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 Memb	Name and Address:				
MGR	David Jacobs				
	105 S. Riverside Dr., Suite 121				
	Indialantic, FL 32903				
MGR	Stephen Jacobs				
	6704 31st St. N				
	Artington, VA 22213				
(Use attachment if necessary)					
•					
NOTE: An additional artic	le must be added if an effective date is requested.				
REQUIRED SIGNATURE:					
	me axants				
Signature of	a member or an authorized representative of a member.				
of this docum	(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.)				
David Jacol	os				
	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)