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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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910 FLCC				
1"				

Office Use Only



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## TRANSMITTAL LETTER

TO:	Registration Se Division of Co			
SUBJ	ECT:	THE TANGERIN		
		(Name of Limited	d Liability Company)	
The er	nciosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		JENNIFER HE	ERMAN	
		(t	Name of Person)	
		THE TANGERIN	IE STUDIO	
		0	Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	399 - 6TH STREET SOUTHEAST			
			(Address)	
		WINTER HAVEN,	FL 33880	
		(City/	State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
	JENNIFER H	ERMAN	at (863) 324 - 230	9
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclo	sed is a check fo	or the following amount:		
<b>Ø</b> \$12:	5.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STDE	ET ADDRESS:	MAILING A	nnpess.
	Regis	ration Section	Registration S	ection
		on of Corporations . Gaines Street	Division of Co P.O. Box 6327	
		assee, Florida 32399	Tallahassee, F.	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Com	pany is:				
THE TANGERINE STUDIO LLC					
ARTICLE II - Address:					
	of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
399 - 6TH ST SE	399 - 6TH ST SE				
WINTER HAVEN, FL 33880	WINTER HAVEN, FL 33880				
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature: of the registered agent are:				
JENN	IFER HERMAN				
	Name				
440 LAK	E DAISY DRIVE				
Florida	street address (P.O. Box NOT acceptable)				
WINTER HA	VEN FL 33884				
Cit	y, 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..

(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:

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member	r				
MGRM	JENNIFER HERMAN				
	440 LAKE DAISY DRIVE				
	WINTER HAVEN, FL 33884				
<del></del> - ;					
(Use attachment if necessary)					
NOTE: An additional article	must be added if an effective date is requested.				
REQUIRED SIGNATURE:					
	ent He				
Signature of a	Signature of a member or an authorized representative of a member.				
of this documer	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)				
	JENNIFER HERMAN  Typed or printed name of signee				
Talina Far-	13pec or printed name of signer				
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)