

Electronic Filing Cover Sheet

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70:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP, AGENTS, INC.

Account Number : 071001002335

(305)599-0839

Fax Number

(305)716-0346

LIMITED LIABILITY COMPANY

TEZARIS & BIEBER DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing,

Public Access Help.

ARTICLE I - Name:

ALTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Compa	any is:	
44	r Development LLC		
(I fast end with the w	only "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II The mailing add		the principal office of the Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
4365 West Breeze	Circle	4965 West Breeze Circle	
Pekn Harbor, FL 34	1883	Paim Herbor, FL. 34683	
(The Limited Liability leastness entity with	y Company cannot serve as its ow an environ Florida street address of Mark Tezaris 4965 West Breeze Ci Florida street Brance Ci Florida street Brance Ci	In Registered Agent. You must designed an individual or another. Of the registered agent are: Name Incle PL 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 (REQUIRED)

(CONTINUED)
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4965 West Breeze Circle Palm Harbor, FL 34683
Palm Harbor, FL 34683
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22
7

Signature of a member or an authorized representative of a member.

(In secondance 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.)

Mark N. Tezaris - Authorized Representative of a Member
Typed or printed name of signee

Filling Feet!

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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

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

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