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Requestor's Name)	E AO.
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
AL	

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COVER LETTER

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TO: Registration Sec	tion		
Division of Corp			ZOOL IAN DE A
		1.	2006 JAN 31 A 11: 1
SUBJECT:	Name of Limite	Properties	SECRETARY OF STATE
	(Name of Limite	d Liability Company)	MELANASSEE. FLORID
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
Car	rie Camer	พท	
	rie Camer	Name of Person)	
			
<u>ler</u>	ritory trop	perties LL Firm/Company)	<u>. C</u>
) (Firm/Company)	
23	53 Alliac	ttor Creek (Address)	Rd
	 	(Address)	
^		Florida	33745
	-Wr WWI CF	/State and Zip Code)	00 100
	(Ch)	otate and Dip Code)	
For further information co	oncerning this matter, please	call:	
Δ · · · · ·	`	•	
Carrie (ameron	at (727) 48/- (Area Code & Daytime Te	- 8651
(Name o	f Person)	(Area Code & Daytime Te	lephone Number)
To the state of the state Com-	d 6.112		
Enclosed is a check for			_
\$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
•	Certificate of Status	(additional copy is enclosed)	Certified Copy
		.	(additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporation	ns
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle
	Tananassee, TL JZJ14	Tallahassee, FL 32301	CALVAC

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY //: /b
ARTICLE I - Name: The name of the Limited Liability Company is: SECRETARY OF STATE TALLAHASSEE, FLORIDA
Territory Properties LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2353 Alligator Creek Rd Same Clearwater Fr. 33765
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Name 2353 Alli gator Creek Rd Florida street address (P.O. Box NOT acceptable)
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

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: 2006 JAN 31 SECRETARY
MGR	Carrie Cameron TALLAHASSE 2353 Alligator Creek Rd Clearwater Fr. 33765
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effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that effective date is listed, the date mu 0 days after the date of filing.) REQUIRED SIGNATURE:	

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)