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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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February 3, 2006

DANIEL TEEL 2611 WESTERN PKWY WINTER PARK, FL 32789

SUBJECT: TEEL RETIREMENT ENTERPRISES LLC

Ref. Number: W06000005539

We have received your document for TEEL RETIREMENT ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The document must contain the names and street addresses of the members of managers of the limited liability company.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00008136

January 25, 2006 2611 Western Pkwy Winter Park, FL 32789

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find Articles of Organization for Teel Retirement Enterprises LLC and an accompanying check for \$160.00 to fund the filing fee, a certified copy, and a certificate of status.

Please contact me, as the registered agent of the company at 407 234-5208 should there be any further questions.

Thank you for your consideration in this matter.

Respectfully,

Daniel G. Teel

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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Tee	Refirement (Name of Limited	Enterprises d Liability Company)	LLC
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Dan	riel G. Teel	Name of Person)	
<u>Tee</u>	1 Retirement	Enterprises Firm/Company)	THE TOP THE
261	I Western F	Kwy	LVIA CNE.
		(Address) 2 789 (State and Zip Code)	O PH & 03
	(City)	State and Zip Code)	: 03
For further information of	concerning this matter, please	call:	
Daniel (Name	S. Teel of Person)	at (407) 234 (Area Code & Daytime To	-5208 elephone Number)
Enclosed is a check fo	r 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tool	Patha ant	Enterprises	11-0
1661	<u>Ne juement</u>	ENTERPISES	
(Must end with	the words "Limited Liability C	ompany, "Limited Company" or th	eir abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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

Mailing Address:

(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Daniel G	
2611 Weste	
Florida street	address (P.O. Box NOT acceptable)
	FL 32789 te, 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) 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 MGRM(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Daniel G, IEE 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)