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COVER LETTER

Division of Co			
SUBJECT:	TEGOR G	ROUP, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	ROGE	T V. BRYAN	
	0	Name of Person)	
		Firm/Company)	
	20355 NE 3	4th Court, #2224	1
	2000112	(Address)	
	Aventura,	Florida 33180	
	 	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Roget V. Bryan	n	at (305) 984-33	
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
TEG	GOR GROUP, LLC
	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
The manning accesses the second access	so of the principal office of the Diffice Datality Company is:
Principal Office Address:	Mailing Address:
10791 SW 105th Avenue	20355 NE 34th Court, #2224
Miami, Florida 33176	Aventura, Florida 33180
The name and the Florida street address	OGET V. BRYAN Name
	Name
	V 105TH AVENUE
	ida street address (P.O. Box <u>NOT</u> acceptable)
**************************************	AMI FL 33176 City, State, and Zip
liability company at the place desi registered agent and agree to act in the statutes relating to the proper and c accept the obligations of my positi	tent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion 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:

"MGR" = Manager "MGRM" = Managing Member		
MGRM	ROGET V. BRYAN 10791 SW 105TH AVENUE MIAMI, FLORIDA 33176	
(Use attachment if necessary)		· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other than t	he date of filing: N/A be specific and cannot be more than five b	(OPTIONAL) ousiness days [
REQUIRED SIGNATURE:		

ROGET V. BRYAN

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)