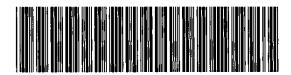
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO:	egistration Section vivision of Corporations	
SUBJE	r: T&A Either Way C.L.C. (Name of Limited Liability Company)	
The end	sed Articles of Organization and fee(s) are submitted for filing.	
Please	irn all correspondence concerning this matter to the following:	
	Robert Reed Anderson III (Name of Person)	
	(Name of Person)	
	(Firm/Company)	
	A35d Windermere Dr. (Address) Tallahassee, FL, 32311 (City/State and Zip Code)	
	(Address)	
	Tallahossee FC, 32311	
	(City/State and Zip Code)	
For fur	r information concerning this matter, please call:	
R	bert Anderson at (850) S09-4100 EEE T	
Enclos	is a check for the following amount:	
□\$125	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	1
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Must end with the words "Umited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1352 Windermere Dr. 1352 Windermere Dr. Tallahasseeft 32311 32311
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:
Robert R. Anderson II
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32311 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 tam position as registered agent as provided for in Chapter 608, F.S.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGKM	Robert Reed Anderson IV. 2352 Windermere Dr. Jallahassee, FL 72311
	·
	<u> </u>
·	
(Use attachment if necessary)	
,	TAS O
TCLE V: Effective date, if other than n effective date is listed, the date in	the date of filing: (OFTIONAL) nust be specific and cannot be more than fixe business days
r to or 90 days after the date of filing	
•	
REQUIRED SIGNATURE:	$\Xi \omega$ ω $lacksquare$
· Profe	t A Amban IV
Signature of a me	mber or an authorized representative of a member.
of this document c	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
Ro,	Typed or printed name of signee

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

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