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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Teadillo, L (Name of Limi	L C ted Liability Company)	······································
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	tter to the following:	
	Bruce R.	Castman (Name of Person)	
	Terdillo,	(Firm/Company)	
4	4234 Bap	otist Toland R	4.
	Groveland	ty/State and Zip Code)	
	(Ci	ty/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
Bruce R (Name)	. Eastman	at (352) 233 - 5 (Area Code & Daytime Tele	YOG phone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee [Y\$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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Teedillo LLC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		•
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	:
Principal Office Address:	Mailing Address:	
36 Center St., #215 Wolfebore, NIT 03894	4234 Baptist Foland Rd. Groveland, 5134736	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	0.11
The name and the Florida street address of the re	egistered agent are:	<u> </u>
Bruce R. (Fastman &	Ē' 1
Name		
Florida struct add	ress (P.O. Box NOT acceptable)	
	 , • • • • • • • • • • • • • • • • • • •	
<u>Choveland</u> ,	<u>FL 34736</u> nd 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

<u>litle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Mem	nar.
MICINIAL — MIGHINGHING MICHIN	A
MGR	Haron Depner
	36 Center St., F215 Unitedom, NH 03894
	Observation for 0367-7
MGRM	Bruce R. Eastman
	4234 Baptist Island Ka Grove and IFI 34736
	
E V: Effective date, if other ective date is listed, the date lays after the date of filing.	than the date of filing: 112607. (OPTIO
E V: Effective date, if other ective date is listed, the date lays after the date of filing.	than the date of filing: 112607. (OPTIO
E V: Effective date, if other ective date is listed, the date lays after the date of filing. REQUIRED SIGNATURE	than the date of filing: 112607. (OPTIO
ective date is listed, the date lays after the date of filing. REQUIRED SIGNATURE Signature of (In accordant of this document)	than the date of filing: 112607. (OPTIO e must be specific and cannot be more than five business:

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

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