

## Division of Corporations

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(((H08000019912 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone

: (305) 552-5973

Fax Number

: (305)220-1440

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### TEA ANGELS LLC

Certificate of Status	0
Certified Copy	<u> </u>
Page Count	03
Estimated Charge	\$155.00

JAN 25 2008

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Tea Ansels Uc

### H08000019912

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must and with	he words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	et address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Precrust, FI	33/56 Procrest F1 33/56 8
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Floric	Agent, Registered Office, & Registered Agent's Signatures to terve as its own Registered Agent. You must designate an individual or another a registration.)
The name and the Florida st	
· Ho	RIENSIA CASIROVERAL BET W
	) Trace 100
9:	120 S.W. 72 Ave.
	Florida street address (P.O. Box NOT acceptable)
<u> </u>	necvast FL 33/56
•	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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#### FROM : LAZARUS

## H'08000019912

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGRM.	HORIENSIA CASTROVERDE 9730 C.W. 72 AVE Pricest, Fl 33156
MGRM	Clora M. Cadeva 808 Brichell Rey Dr. 3001 Wiomi, Fl. 33131
THE CONTRACTOR OF THE PROPERTY	
(Use attachment if necessary)	SECRE SECRE TALLA
days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Mr. Calur
	per or an authorized representative of a member.
of this document con-	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)  Ma. Cadena

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)

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