(Re	equestor's Name)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Teday Services LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barry A Thomas (Name of Person)
75 g 1
90 ARROW TRACE
4 avan Fl. 32333
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ()  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address	Mailing Address
The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
ARTICLE II - Address:	
(Must er., with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
101) - 6ER	VICES IIC
•	

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Au	<u>uress:</u>	Maning Addre	<u>:55:</u>	. =1	
90 ALROW	TRUCE	Sam	e	SECRE ALLAR	m
- Harana L	[ 3 <del>4</del> 2 3 )			22 2	7
	gistered Agent, Registe				ED
business entity with an act			accignate an marr	LORI LORI	<u> </u>
The name and the Fl	orida street address of t	the registered agent and H	arry A-	Thomas	
· · · · · · · · · · · · · · · · · · ·	N	ame	7	•	
_	90 ARROW T	RACE			
	/ Florida stree	et address (P.O. Box NOT	acceptable)		
	Havana	FL, 32.	333		
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)
Page 1 of 2

The name and address of each Manager o	r Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Barry A Thomas 901 ARROW TRACE HAVANA F1 32333
	TANK BE
	SEE FOR
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	
to or 90 days after the date of filing.)	cific and cannot be more than five business days prior
REQUIRED SIGNATURE:	,
Bang 1	1 This
(In accordance with section 6	n authorized representative of a member.  08.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Barry A	Tho mas printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: