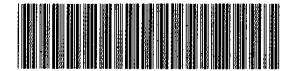
# 08000069689

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duciness Fakka Manasa)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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M. THOMAS

JUL 2 1 2008

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: T2B Int		11:12: 0	<del></del>		
	(Name of Limite	ed Liability Compa	iny)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing	<b>3</b> .		
Please return all corres	oondence concerning this matt	er to the following	·•		
	· ·	-		_	08
Tracey Baye				=======================================	
	(	(Name of Person)			NO JUL 18 PH 12: 1
		(Firm/Company)	·	· · · · · · · · · · · · · · · · · · ·	THE PROPERTY OF
3507 Baysho	ore Blvd., # 1101				疆
		(Address)			
Tampa Elori	42 33630				
Tampa, Flori		//State and Zip Code	 :)	<u>,</u>	·····
	•	•	•		
For further information	concerning this matter, please	call:			
Tracey Bayer		at (813	\ <b>435 048</b> 5	, }	
	e of Person)		<i>,</i>	elephone Number)	
Enclosed is a check for	or the following amount:				
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	y	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division of Clifton B 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
T2B International LLC	d Company" or their abbreviation "LLC," or "LC;")		
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "LC;")		
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:		
3507 Bayshore Blvd., # 1101	3507 Bayshore Blvd., # 1101		
Tampa, Florida, 33629	Tampa, Florida, 33629		
The name and the Florida street address of the re	egistered agent are:		
Name			
3507 Bayshore Blvd., #110	01		
	ress (P.O. Box <u>NOT</u> acceptable)		
Tampa, Florida 33629	FL.		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as b. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGRM	Tracey Bayer 3507 Bayshore Blvd., #1101
	Tampa, Florida 33629
	<del>定</del> 役
	[t]
<del></del>	
	OB JUL 18 FILE FLORID
(Use attachment if necessary)	OPER TO THE PROPERTY OF THE PR
	ne date of filing: 16th duly 2008 . (OPTIONAL)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tracey Bayer

Typed or printed name of signee

#### 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)