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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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SECRETARY OF STATE.
ALLAHASSEE, FINGE

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ест: <u>Та</u>	rtan - Tam (Name of Limite	n pa Bay LL ed Liability Company)	<u>c</u>
The en	closed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres _l	pondence concerning this matte	er to the following:	
	Susa	in Noomi Urbutei	t	
		(Name of Person)	Z008 OCT
			(Firm/Company)	TARY OF ASSEE, F
	<u>404</u>	E. Park Av.	(Address)	STATE FLORIDA
	Tamp	FL 33402 (City	- /State and Zip Code)	
For furt	ther information	concerning this matter, please	call:	
<u> </u>	ISAN UNE	outeit of Person)	at (\$13) 846- 5 (Area Code & Daytime To	27 4] elephone Number)
Enclos	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tartan - Tampa Bay L (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
404 E. Park Av. Tampa FL 33602	404 E. Park AV. Tampa FL 33602
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Susan Naomi Un Name	outeit ARE CR
Name	ASS
404 E. Park Av.	ess (P.O. Box NOT acceptable)
Florida street addi	ess (P.O. Box NOT acceptable)
Tampa FL City. State, an	FL 33602 PAT W
Having been named as registered agent and to a liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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..

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Heather Emily McComell 404 E. Park Av. Tampa FL 33402
MGRM	Susan Na oni Urbuteit 401 E. Perk Av. PSS Tampa FL 33602 DEE CT ASSEN TAMPA FL 33602 DEE CT ASSEN TOTAL STATE OF THE CT TOTAL
	OF STATE E. F. ORIDA
(Use attachment if necessary) FICLE V: Effective date, if other that	an the date of filing: (OPTIONAL)
n effective date is listed, the date m 90 days after the date of filing.)	nust be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a n	nember or an authorized representative of a member.
(In accordance w	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)
Susan N	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)