L08000101424

(Requestor's Name) Mrs. Thenex Mises 8336 Singleton Pl Keeptone Hts, 7/32656 (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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10/22/08--01014--003 **155.00

FFECTIVE DATE

OBOCT 29 PM 2: 53



October 23, 2008

TRESSA KAY MYERS 8336 SINGLETON PLACE KEYSTONE HEIGHTS, FL 32656

SUBJECT: T P & J , LLC Ref. Number: W08000048709

We have received your document for T P & J , LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 808A00054775

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
TRESSON'S LEGACY- JULIE'S FUTURE, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
8336 SINGLETON PL KEYSTONE HEIGHTS, FL 32656	8336 SINGLETON PL KEYSTONE HEIGHTS, FL 32656	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
TRESSA KA	NY MYERS AHASSE AHASSE AHASSE	
8336 SINGL	FTON PI	
Florida street add	ress (P.O. Box NOT acceptable) HTS, FL 32656	
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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR TRESSA KAY MYERS 8336 SINGLETON PL **KEYSTONE HEIGHTS, FL 32656** (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: OCTOBER 21,2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized peoresentative 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.)

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)

TRESSA KAY MYERS
Typed or printed name of signee