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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSTOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 28 AM 10:16

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TEASE TONE LLC

Certificate of Status	0
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A. LUNT Help

JUL 29 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tease Tone 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:**1033 Park Drive #3,
Indian Harbour Beach, FL 329371033 Park Drive #3,
Indian Harbour Beach, FL 32937**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 registered agent are:

Troy Tumelli

Name

1033 Park Drive #3,Florida street address (P.O. Box NOT acceptable)Indian Harbour Beach, FL 32937

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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BlumbergExcelsior Corporate Services Inc.
62 White Street
New York, NY 100132009 JUL 28 AM 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:MGRMTroy Tumelli1033 Park Drive #3,Indian Harbour Beach, FL 329372009 JUL 28 AM 10:16
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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 authorized representative of the corporation

I hereby certify that the foregoing is a true and correct copy of the original document on file in the office of the Secretary of State, Tallahassee, Florida, and that the same has been duly recorded in the office of the Secretary of State, Tallahassee, Florida.

Troy Tumelli

Typed or printed name of signer

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)