L09000090886

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

SEP 21 2009

EXAMINER

Office Use Only



600160671796

09/21/09--01032--011 **155.00

09 SEP 21 PH 1:51

09 SEP 21 PH 1: 52

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ce Sappor Name of Limite	TEAM LLC d Liability Company	-
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Ven	12 W.11+07	Name of Person	
Dice	Support T	EAM LLC Firm/Company	1.77
14557	VA-Keensh	Hwy Po. B	Ox 341
WAC	35A F/,	32361	
E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please	call:	
Verna h	J. 1/60 Dze J	Area Code & Daytime Tele	-6/66 phone Number
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

9 SEP 21 PM 1: 52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

· · · · · · · · · · · · · · · · · · ·	
14557 WALKeensh Huy	P.O Box 341
WACISSA FL	WACISSA F.
32361	32365

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:

Name

14557 WALKENAL HUY

Florida street address (P.O. Box NOT acceptable)

WAC. 354 FL 33361

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 (REOUIRED)

(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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Version Wilton Die, Ja P.D. Box 341 WAC.350, Fl. 32361			
(Use attachment if necessary)				
TICLE V: Effective date, if other than the date of filing: (OPTIONAL) on effective date is listed, the date must be specific and cannot be more than five business days prior 90 days after the date of filing.)				
REQUIRED SIGNATURE: Legister Signature of a me	mber or an authorized representative of a member.			
of this document of that the facts state	· _			
VENON	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)

FILED

09 SEP 21 PM 1: 52

SEGRITARY OF SHAIL