L09000092281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddsilless Ellity Marile)
. (Document Number)
· .
Certified Copies : Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400160814534

09/23/09--01019--003 **125.00



C. LEWIS

SEP 2 4 2009

EXAMINER

COVER LETTER

Division of	Corporations					
SUBJECT:	UBJECT: SWEET TEA PRODUCTIONS LLC					
	Name of Limite	d Liability Company				
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.				
Please return all corre	espondence concerning this matte	er to the following:				
		IC MOELLER Name of Person				
		Name of Person				
<u> </u>	TEEONE NET INC					
	Firm/Company					
	6639 SOUTHPOINT PKWY #106					
		Address				
	JACKSONVILLE, FL 32216					
	City	/State and Zip Code				
	STP	@TEEONE.NET or future annual report notification)				
For further information	on concerning this matter, please	•				
	C MOELLER ne of Person	at (904) 610-9436 Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount:					
\$125.00 Filing Fed	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclose				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
SWEET TEA PRODU (Must end with the words "Limited Liabilit	
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:
6639 SOUTHPOINT PKWY SUITE 106 JACKSONVILLE, FL 32216	SAME
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:
ERIC MOE	ELLER 空 二
Name	
6639 SOUTHPOIN	T PKWY #106
Florida street address (P.O. I	
JACKSONVILLE	FI 32216 REFE 2
City, State, and	d Zip
liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	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 formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

FILED

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

anna SEP 23 AM 18: 31

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	_		SECRETARY TALLAHASSEE, FL
	<u>Title:</u>	Name and Address:	TALLAHASSEE
	"MGR" = Manager		
	"MGRM" = Managing Member		
	MORM		
	MGRM	ERIC MOELLER	•
		4841 PARKHURST PLACE	
		JACKSONVILLE FL 32256	
	MGRM	W. KYLE TRIPP	
		148 VILLAGE GREEN	
		ST JOHNS, FL 32259	
		31 JOHNS, I.E J2239	
	MGRM	LAMAR SMART	
		4524 COLLEGE STREET	
		JACKSONVILLE FL 32205	
	MODIA		
	MGRM	MARK BROWN	
		11249 IRISH MOSS DRIVE	
	(1)	JACKSONVILLE FL 32257	
	(Use attachment if necessary)		
ARTIC	CLE V: Effective date, if other than the da	ate of filing:	(OPTIONAL)
	ffective date is listed, the date must be s		
	days after the date of filing.)	peeme and cannot be more than nve	business augs prior
	REQUIRED SIGNATURE:	2	
	<u></u>	D- Mala	
		Might	
	. Signature of a member o	or an authorized representative of a memb	er.
	(In accordance with section	on 608.408(3), Florida Statutes, the execution	1
	of this document constitu that the facts stated hereir	ites an affirmation under the penalties of perj n are true.)	ury
		ERIC MOELLER	
		d or printed name of signee	<u> </u>
	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)