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(Requestor's Name)	
(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Casais I netwestions to Filing Officer	
Special Instructions to Filing Officer:	
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EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: TL'S Place L. L. C Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Janet Smith Name of Person	
TL'S Place LLC	•
Philis Company .	
Address	
Bunnell 71. 32110 City/State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	-
For further information concerning this matter, please call:	-in-
Tanet Smith at (386) 437-684470 Area Code & Daytime Telephone Number 500	En de
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Registration Section Division of Corporations Physician of Corporations	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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	Travis Laure more. 1369 Berry Bush St Bunnell FL. 32110
MORM	Jun + T 7 Sm: th 4499 0/d Haw Creek Kd Bung-11, 7/ 32110
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	10 AL
It an effective date is listed, the date must be s to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution ttes an affirmation under the penalties of perjury n are true.)
Travis	5 Lauremore d or printed name of signee
Filing Fees:	u or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)