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2009 OCT 29 AM 10: 08
SECRETARY OF STATE
ALLIANASSEE, FLORIDA

OCT 8 0 2009 EXAMINER

COVER LETTER

'TO: Registration of	on Section Corporations	
SUBJECT:	•	TeamYear, LLC
	Name of Lim	ited Liability Company
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.
Please return all corr	respondence concerning this ma	tter to the following:
***************************************	C	Carlos A. Leyva
		Name of Person
	The Digital I	Business Law Group, P.A.
		Firm/Company
	100	Starkey Rd. #18
		Address
		go, Florida 33771 ity/State and Zip Code
	cleyva@dig	italbusinesslawgroup.com
	E-mail address: (to be used	for future annual report notification)
For further information	on concerning this matter, pleas	e call:
	rios A. Leyva ne of Person	at (800) 516-7903 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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
	····	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Toom	ear, LLC	
(M		d Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ac	ddress: ss and street address of	the principal office of the Limited l	Liability Company is:
Principal Office Address: 1406 Southridge Drive Clearwater, Florida 33756		Mailing Address: 1406 Southridge Drive Clearwater, Florida 33756	
		Name	SECTION IN
		tarkey Rd. #18	FSI
	Florida street address (P.O. Box <u>NOT</u> acceptable)		RE S
	Largo, Florida 33771 _{FL} City, State, and Zip		P
liability compa registered agent a statutes relating	ned as registered agent an iny at the place designate ind agree to act in this ca to the proper and compl	nd to accept service of process for the in this certificate, I hereby accept spacity. I further agree to comply with the performance of my duties, and I is registered agent as provided for in	the appointment as th the provisions of all am familiar with and

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):			2009 OCT 29	AM 18: 08
The name and a		OF STATE		
Title: "MGR" = Mana "MGRM" = Ma		Name and Address:	TALLAHASSE	E. FLURIUM
	_			
			····	

(Use attachment	if necessary)			
ARTICLE V: Effective (If an effective date is list to or 90 days after the days	ted, the date must be s	ate of filing: specific and cannot be more than five	(OPTIONA business days	L) s prior
REQUIRED SIG	GNATURE. GR	Dife to		
		or an authorized representative of a memb		
	(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perj n are true.)	ı ury	
		Carlos A. Leyva	_	
Filing Fees:	Турс	d 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)

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