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10 MAR -3 AM II: Q4 SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. HAWKES

MAR _ 4 2010

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations			
SUBJECT: TEBCO	Associates LLC			
		ted Liability Comp	any	<u> </u>
_,				
The enclosed Articles of	of Organization and fee(s) are	submitted for filin	g.	
Please return all corresp	pondence concerning this man	tter to the following	3:	
Thomas E. B	aroody			
mornas E. D	aroug	Name of Person		
TEBCO Asso	ociates	Firm/Company		
		r mu company		
PO Box 5377				
		Address		
Lakeland, FL	33807-5377			
	Cit	ty/State and Zip Code	2	
tebco@tampa	abay.rr.com E-mail address: (to be used	Con fidure opposed war	out matification	
F- 6 4 6		•	ort normeation)	
For further information	concerning this matter, pleas	e call:		
Thomas E. Baroody	у	at (863	644-5940	
Name	of Person		& Daytime Telep	phone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filin Certified Cop (additional copy	py	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassae, FL 32314	Registrati Division e Clifton B	ourier Address on Section of Corporations uilding	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEBCO Associates 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:	
4504 Sugartree Dr E Suite 103	PO Box 5377	
Lakeland, FL 33813-1863	Lakeland, FL 33807-5377	

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:

Inomas E.	Baroody
	Name
4504 Suga	artree Dr E , Suite 103
	Florida street address (P.O. Box NOT acceptable)
Lakeland	FL 33813-1863
	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 (REQUIRE)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Thomas E. Baroody 4504 Sugartree Dr E Lakeland, FL 33813-1863
	STATE
(Use attachment if necessary)	
	e date of filing: (OPTIONA oe specific and cannot be more than five business da
REQUIRED SIGNATURE:	_
REQUIRED SIGNATURE:	E Buronse
Signature of a member	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury erein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: