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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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L. SELLERS

APR - 1 2010

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

team 84, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

3/30/2010

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03
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PAGE(S)
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TIME : 03/30/2010 13:53
NAME : EMPIRE CORP KIT
FAX : 3056339696
TEL : 3056343694
SER.# : BROB7J612820

TRANSMISSION VERIFICATION REPORT

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TALLAHASSEE, FLORIDA

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H10000071849

ARTICLES OF ORGANIZATION
OF
Team 84, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is:
Team 84, LLC

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

10235 W. Sample Road,
Suite 205
Coral Springs, FL 33065

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ingrid M Bachelor
10235 W. Sample Road,
Suite 205
Coral Springs, FL 33065

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.


Ingrid M Bachelor, Registered Agent

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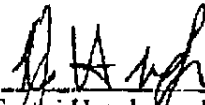
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**ARTICLE IV
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Touraj Houshmandzadeh
10235 W. Sample Road,
Suite 205
Coral Springs, FL 33065

Manager



Touraj Houshmandzadeh
Authorized Representative of the Member
(In accordance with Section 608.408(3), Florida Statutes,
the execution of this document constitutes an affirmation
under penalties of perjury that the facts stated herein are
true.)

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