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(Requestor's Name)					
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AIT MAIL					
(Business Entity Name)					
(Document Number)					
ificates of Status					
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C. LEWIS

JUL 1 6 2010

EXAMINER

COVER LETTER

TG: Registration Section Division of Corporations					
SUBJECT: Ticke Me Creen LLC 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:					
Elizabeth Fox Mc Glamery Name of Person					
Tickle Me Green LLC Firm/Company					
150 Seneca Trail					
Maitland FL 32751 City/State and Zip Code					
e.mcq emercial me.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Clizabeth Mc Clamery at (407) 1020-0144 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ickle Me Green LC
(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:
Maitland, FL 32751 Maitland FL 32751
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:
Elizabeth F. McGlamery P.S. = 7
Florida street address (P.O. Box NOT acceptable)
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

	The name and address of each Manager or Managing Member is as follows:		2010 JUL 15 PM 12 47
•	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	MGR	Clizabeth F. Mc 150 Seneca Tra	Glamery 32751
	MCRM	Suzanne H. So 150 Seneca Tra	<u>Itsman</u> 30751

	(Use attachment if necessary)		
(If an e	CLE V: Effective date, if other than the defective date is listed, the date must be 0 days after the date of filing.)		(OPTIONAL) business days prior
	REQUIRED SIGNATURE:		
	October 1	`	

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

Typed or printed name of signee

that the facts stated herein are true.)

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)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury