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COVER LETTER

TO:

TO:	Registration S Division of Co			V
~	- • •	,	ıb.	Λ,
SUBJ	ECT: Ted Holls	ander Design LLC		
		Name of Limit	ed Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Theodore J.	Hollander	•	
			Name of Person	
	Ted Hollande	r Design LLC		
			Firm/Company	
	6082 Twin La	kes Drive		
			Address	
	Oviedo, FL 3	2765		
			y/State and Zip Code	·
	tedjhollander	@gmail.com		
		E-mail address: (to be used	for future annual report notification)	
For fu	rther information of	concerning this matter, pleas	e call:	
Ted H	Hollander		at (407)448-9500	
-	Name o	of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a check fo	r the following amount:		
2 \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Ted Hollander Design LL (Must end wi		bility Company, "L.L.C.," or "LLC.")	· ·	•	
ARTICLE II - Address:					
The mailing address and s	treet address of the	principal office of the Limited I	Liability C	Compa	any is:
Principal Office Address	<u>::</u>	Mailing Address:			
6082 Twin Lakes Drive		6082 Twin Lakes Drive			
Oviedo, FL 32765		Oviedo, FL 32765			
#141-74-7-1111	· · · · · · · ·			•	
business entity with an active Florida The name and the Florida	rida registration.)		ividual or and	10 AUG Z	CANAGE CA
6082	Twin Lakes Drive		1 1 1 1	ì	
	Florida street a	address (P.O. Box <u>NOT</u> acceptable)	Series	Ö	
Ovied		FL 32765		80	
	City,	State, and Zip	"J .		
liability company at the registered agent and agre- statutes relating to the p	e place designated in e to act in this capac roper and comptere	to accept service of process for the nthis certificate, I hereby accept city. I further agree to comply wiperformance of my duties, and I agistered agent as provided for in	the appoi th the pro am familid	ntmen vision ar wit	t as s of all h and

(CONTINUED)
Page 1 of 2

" \overline{MGR} " = \overline{Max} " \overline{MGRM} " = \overline{MGRM} "	nager Ianaging Member	Name and Address:
MGRM		Theodore J. Hollander
VICITIVI		6082 Twin Lakes Drive
		Oviedo, FL 32765

·		
		
•	nt if necessary)	
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.)	be specific and cannot be more than five business da
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a month (In accordance with s	be specific and cannot be more than five business da be specific and cannot be more than five business da be specific and cannot be more than five business da be specific and cannot be more than five business da be specific and cannot be more than five business da busin
LE V: Effective date is days after the	SIGNATURE: Signature of a month of this document constitute that the facts stated here.	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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