11000005380

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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D. BRUCE

MAY 06 2011

EXAMINER

COVER LETTER

Division of	n Section Corporations			
SUBJECT:	TANN T J BR Name of Limited Lin	Ability Company	LC.	
The enclosed Articles	s of Organization and fee(s) are subm	itted for filing.		
Please return all corre	espondence concerning this matter to	the following:		
MARI	UNIT J. PR	2 USER	>	
	Firm	n/Company		
3978	3 BRITZE	CD: URT		
TAI	·	e and Zip Code Code The code of the code	ozzos gmpilicom	7
For further information	on concerning this matter, please call:	·)	
MIPHAM	ne of Person	Area Code & Daytime T	Celephone Number	ью:;ръв
	Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy! (additional copy cinclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability-Company, "L.J.,C.," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u> </u>	
2010 00000	
3418 TORE 2287 ()	3978 BREEZE OF
TALLA MASSEE TI 3703	3978 PRITTE OT

Mailing Address:

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:

Name

Name

SCEPL 32 3-0

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)

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

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MERIREDITOR	MANNTERSIDER 3978 EREEZEE (7) TALLO-MASSEE TIBESO 3
	(Use attachment if necessary)	
Ifan	ICLE V: Effective date, if other than the da effective date is listed, the date must be self-beautiful days after the date of filing.)	nte of filing: (OPTIONAL) pecific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	ATT AN ATT AND ATT AN ATT AND ATT
	(In accordance with section 608.40 constitutes an affirmation under the	O8(3), Florida Statutes, the execution of this document is the penalties of perjury that the facts stated herein are frue. It is submitted in a document to the Department of State is provided for in s.817.155, F.S.)
	Types Types	d or printed name of signee

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)