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| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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11/14/11--01067--005 **130.00

Effective Date 11/10/11

2011 NOV 14 AMII: 41

T. HAMPTON

EXAMINER

COVER LETTER

| TO: Registration of Division of | on Section Corporations | | |
|---------------------------------|---|--|------|
| SUBJECT: TIN | CAN COMMUNIC | ATIONS L.L.C. | |
| | V. M. 170 CV Z . 110 CV | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | |
| Please return all corr | respondence concerning this mat | ter to the following: | |
| JULTH | HOMAS | | |
| OILL II | 10101110 | Name of Person | |
| TIN CA | N COMMUNICATI | ONS L.L.C. | |
| | | Firm/Company | |
| 113 BA | YBRIGE PARK | | |
| | | Address | |
| GULF BF | REEZE, FLORIDA 32 | 2561 | |
| | Cit | y/State and Zip Code | |
| jack@inn | isfree.com E-mail address: (to be used | for future annual report notification) | |
| For further informati | on concerning this matter, please | | |
| JILL THOMAS | ; | at (850) 393-8150 | |
| Na | me of Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is enclosed) | ıs & |
| | 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 Circle Tallahassee, FL 32301 | |

Effective Date 11/10/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIN CAN COMMUNICATIONS L.L.C.

(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: | 1 |
|------------------|--------|----------|---|
| | | | |

Mailing Address:

113 BAYBRIDGE PARK

GULF BREEZE, FLORIDA 32561

113 BAYBRIDGE PARK GULF BREEZE, FLORIDA 32561

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:

JULIAN MACQUEEN

Name

113 BAYBRIDGE PARK

Florida street address (P.O. Box NOT acceptable)

GULF BREEZE

_{FL} 32561

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

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

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

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MURIN – Managing Member | |
| <i>5 5</i> | |
| MGR | 669515 B.C. LTD |
| | 105 RAINBOW ROAD |
| | SALT SPRING ISLAND, BC V8K2V5, CANADA |
| MGRM | JULIAN MACQUEEN |
| | 113 BAYBRIGE PARK |
| | GULF BREEZE, FL |
| | OGET STILLING FE |
| | |
| | |
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| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| F. V. Effective data if other than | n the date of filing: 11/10/2011 (OPTIONAL) |
| LE v: Eliculve date, ii otner that | ust be specific and cannot be more than five business da |
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| fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: | In theen |
| fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a m | omber or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document |

JULIAN MACQUEEN

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed 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)