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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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A. LUNT

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EXAMINER

Office Use Only

COVER LETTER

Division of Con		•			
SUBJECT: Squa	re T LLC,				
SUBJECT:	Name of Limited	l Liability Compa	ny		
The analoged Articles of	Organization and fec(s) are su	abmitted for filing			
	-	-			
Please return all correspondent	ondence concerning this matte	r to the following:			
Terry Te					
	1	Name of Person			
		Firm/Company			
5160 NE	E 136th Place				
-		Address			
Anthony, FL	_ 32617				
		State and Zip Code		<u> </u>	
tteuton@sa	indmeadows.com				,
1 1 1 1 1 1 1 1 1 1 	E-mail address: (to be used fo	r future annual repo	rt notification)		and the
For further information	concerning this matter, please	call:		SECHE MARY	
Terry Teuton		at (352	817-320	· '©	m
Name	of Person	Area Code	/ 	lephone Number	
Enclosed is a check for	or the following amount:			***	
_	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cor		\$160.00 Filing Fee, Certificate of Status &	
		(additional copy	is enclosed)	Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section		ourier Address on Section	<u>s</u>	
	Division of Corporations P.O. Box 6327		of Corporation	ns	
	Tallahassee, FL 32314	2661 Exe	ecutive Center ee, FL 32301	Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Square T LLC.
(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

ARTICLE I - Name:

Principal Office Address:	<u> Mailing Address:</u>		
5160 NE 136th Place Anthony, FL 32617	5160 NE 136th Place Anthony, FL 32617		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	vn Registered Agent. You must designate an		
	Name	部門 😝	- Balling.
5160 NE 13	6th Place	** **	
The name and the Florida street address of the registered agent are: Terry Teuton)	
Anthony,	_{FL} 32617		
	City State and Zin		

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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Terry Teuton	
	5160 NE 136th Place	
	Anthony, FL 32617	
MGRM	Travis Teuton	ZOIZ FEB I I
· · · · · · · · · · · · · · · · · · ·	4121 NE 112th Lane	
	Anthony, FL 32617	<u> </u>
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		क्षात्र ह
(Use attachment if necessary)		
LE V: Effective date, if other that	n the date of filing:	(OPTIONAI
	ust be specific and cannot be more than fi	ve business days
days after the date of filing.)		
REQUIRED SIGNATURE:		
	_	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Terry Teuton

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)