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EFFECTIVE DATE 03-1-12

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B. BOSTICK
MAR \_ 5 2012
EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	TTZ Services LLC
SOBJE	Name of Limited Liability Company
er!	
	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
_	Christine Cowdell
	Name of Person
	TTZ Services LLC
•	Firm/Company
	2198 SW Certosa Rd
•	Address
F	Port St Lucie FL 34953
•	City/State and Zip Code
	ccfriendship@aol.com  E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
Chris	Name of Person at (772 ) 335-3881  Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
§125.00	Filing Fee \$\bigsim \frac{1}{3}\text{130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigsim \frac{1}{3}\text{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Ā	RT	ICL	Æ	I.	- N	am	e:
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The name of the Limited Liability Company is:

# TTZ Services 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 is:

# **Principal Office Address:**

**Mailing Address:** 

1153 SE Port St Lucie Blvd

Port St Lucie FL 34952

2198 SW Certosa Rd Port St Lucie FL 34953

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:

CHRISTINE COWDELL

1153 SE Port St Lucie Blvd

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

Port St Lucie

 $\frac{\text{L 34952}}{\text{City, State, and Zip}}$ 

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..

(CONTINUED)

Page 1 of 2

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

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

MGR	Christine Cowdell 2198 SW Certosa Rd Port St Lucie FL 34953	
MGRM	Will Cowdell	-
	2198 SW Certosa Rd	
	Port St Lucie FL 34953	
(Use attachment if necessary)	date of filing: March 1 2012	12 M/R - 2 FM 7: 10 SEJANASSE FIORIDA

## REQUIRED SIGNATURE:

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 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.)

CHRISTINE COWDELL

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)