

L13000001119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

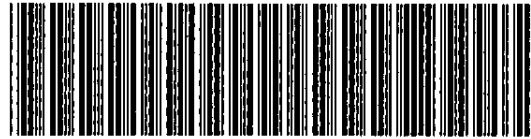
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000242891000

Effective Date 12/27/12

12/31/12--01041--006 **155.00

FILED
2012 DEC 31 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
JAN - 3
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

TEAM83 LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pool

Name of Person

Firm/Company

3211 SW 53rd St

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

mpool@guestv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pool

925

9339900

at (_____) _____

Name 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

☒ \$155.00 Filing Fee &
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 Circle
Tallahassee, FL 32301

2012 DEC 31 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEAM83 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:

3211 SW 53rd St

Fort Lauderdale, FL 33312

Mailing Address:

3211 SW 53rd St

Fort Lauderdale, FL 33312

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.)

Effective Date 12/27/12

The name and the Florida street address of the registered agent are:

Michael Pool

Name

3211 SW 53rd St

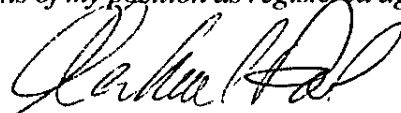
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, FL 33312

FL

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)

FILED
2012 DEC 31 PM 3:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

Name and Address:

David Amar
P.O.Box 31118
Walnut Creek, CA 94598

Michael Pool
3211 SW 53rd St
Fort Lauderdale, FL 33312

FILED
2012 DEC 31 PM 3:37
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/27/2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Michael Pool

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)