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SECRETARY OF STATE

MAR 18 2013 J. BRYAN

COVER LETTER

TO: Registration : Division of Co				
SUBJECT:	The TEA Sp Name of Limit	ed Liability Company		τ
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	13 HAR	FLE
	condence concerning this matt		MISHAR 15 PA	EO
TrA	cy J. Lus	C		
		Name of Person	CAIDA	08
		Firm/Company		
2302	BAU Blud			
	7	Address		
India wvcu	N ROCKS BE Cit (bb; e @ 4Ahoo, E-mail address: (to be used i	Address Address Address F/. 3 y/State and Zip Code Com or future annual report notification)	3785	,
	concerning this matter, please			
Trace by	<1/	at (304) 320-4	594	
Tracy Lu Name	of Person	at (304) 320-4 Area Code & Daytime Telepi	hone Number	
	or the following amount:	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	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 Ci Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	ASSESSED TO LOCAL PROPERTY OF THE PARTY OF T
The TEA Spo	+ LLC SE OF M
(Must end with the words 'Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Goran Goran
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2302 BAY BIND INDIAN ROCKS BEACK	
Indian Kocks Beach 1	-SHME
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

Name

2302 BAy BIVA

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

Trdian Rocks Beach FL 33785

City, State, and Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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)

ARTICLE IV- Manager(s) or Manager and address of each Manager	naging Member(s): Iger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	Tracy Lusk 37 6 2302 BAY BIND Indian Rocks Beach Fl. 33785
MaRM	Tiffmy Jessee-Wylie 900 chrillon PKW4 St. 401 St. Petersburg Fl. 23716
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a memb	per or an authorized representative of a member.
constitutes an affirmation under I am aware that any false infor	08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. That it is a document to the Department of State my as provided for in s.817.155, F.S.)
Trac	Jped 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)