# L13000045573

| (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: |
| MAR 2 7 2013<br>L. SELLERS              |
| 12000                                   |





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FORCE WASSAURINE

(850) 245-6051.

## **COVER LETTER**

|                                   |  |   | * 1  |
|-----------------------------------|--|---|--|
| TO: Registration S Division of Co |  | •   |  |
| SUBJECT: ITE I                    | LC   |   |  |
|                                   | Name of Limit                                | ed Liability Company  |  |
| The enclosed Articles of          | f Organization and fee(s) are                | submitted for filing.   |  |
| Please return all corresp         | ondence concerning this matt                 | ter to the following:   |  |
| Scott T                           | . Springer                                   |   |  |
|                                   |  | Name of Person  |  |
| ITE LLO                           |  |   |  |
|                                   |  | Firm/Company  |  |
| 4981 To                           | urtle Creek Tr                               | 1   |  |
| <del></del>                       |  | Address   |  |
| Oldsma                            | er, FL 34677                                 |   |  |
|                                   |  | y/State and Zip Code  |  |
| scott.sprin                       | ger@theitegroup                              | .COM for future annual report notification)                           |  |
| For further information           | concerning this matter, please               | •   |  |
| Scott Sprin                       | iger   | 727 789-87  | 723  |
| Name                              | of Person                                    | Area Code & Daytime Telep   | phone Number   |
| Enclosed is a check for           | or 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                   | Mailing Address                              | Street/Courier Address  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2013

SCOTT T. SPRINGER 4981 TURTLE CREEK TRL OLDSMAR, FL 34677

SUBJECT: ITE LLC

Ref. Number: W13000013080

We have received your document for ITE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 013A00005211

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |
|---|--|
| The ITE Gro (Must end with the words "Limited Liabil  | ity Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the pr  | incipal office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 4981 Turtle Creek Trail   | 4981 Turtle Creek Trail  |
| Oldsmar, FL 34677   | Oldsmar, FL 34677  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  Scott T. Springer  Name | ered Agent. You must designate an individual or another  |
| 4981 Turtle Creek Trail   |  |
|   | ress (P.O. Box NOT acceptable)   |
| Oldsmar, FL 34677   | FL   |
| City, Sta   | ate, and Zip   |
| liability company at the place designated in t<br>registered agent and agree to act in this capac<br>all statutes relating to the proper and complet  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signat   | Ure (REQUIRED)   |
| (CONTIN   | UED) AR TI   |
| 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:

| "MGRM" = Man   | ging Member                 |   |
|--|-----------------------------|---|
| MGRM   | Scott                       | T. Springer   |
|  | 4981                        | Turtle Creek Trait  |
|  | Oldsr                       | nar, FL 34677   |
| MGRM   | John                        | Hutto   |
|  | 7777                        | N. Wickham Rd, Suite 12-312                               |
|  | Melbo                       | purne, FL 32940   |
| MGRM   | Micha                       | ael Hutto   |
|  | 7777                        | N. Wickham Rd, Suite 12-312                               |
|  | Melbo                       | ourne, FL 32940   |
|  | _                           |   |
|  | <del></del>                 |   |
| (Use attachment  | necessary)                  |   |
| CLE V: Effective effective date is list or 90 days after | ted, the date must be speci | iling: (OPTIONA ific and cannot be more than five busines |
|  |                             |   |

(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.)

Scott T. Springer

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)