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J. SAULSBERRY EXAMINER

APR 15 2013



COVER LETTER

TO: ' Registration Section Division of Corporations
SUBJECT: TAND BOX (L) Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company \sim
205 Lagon Till Address
City/State and Zip Code E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) Ly2-2553 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
(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 Lia	ıbility (Compa	iny is:
Principal Office Address: Mailing Address:			
Pan Delayar, Fl. Palm Hamas 34683	× 52	- <u>-</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualises entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:		2013	
Name 360 Monroe St. Florida street address (P.O. Box NOT acceptable)	CNE U USUNET	013 APR 12 AM 8:	
Dunedia FL 34698 City, State, and Zip	4	32	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and and accept the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIRED)	ne appo th the p I am fa	intmer Provisio Imiliar	nt as ons of with

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
MGRAN	Jane Avira
	205 Lagran DY
	- Pan Hather Fl 3463
m (-Pm	
<i>y</i> ()(3)(3)(4)(4)	1100 War frie
	Para Harrie Fl
	3468
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