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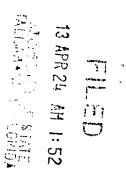
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: The Enterprise Team, LLC

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:

Terry Singleton		
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Firm/Company	
1773 Owasco S	treet	
	Address	
Winter Springs,	FL 32708	
	City/State and Zip Code	
Terry@bventures.cc		

For further information concerning this matter, please call:

Terry Singleton

_407

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

900-8484

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The hame of the Emmed Blue my Company is.				
The Enterprises Team, LLC				
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")			
ADTICLE II. Addison.				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	ility Co	mpan	y is:
Principal Office Address:	Mailing Address:			
· · · · · · · · · · · · · · · · · · ·				
1773 Owasco Street	1773 Owasco Street			
Winter Springs, FL 32708	Winter Springs, FL 32708			
	+ <u></u>			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
Terry W Singleton				
Name				
1773 Owasco Street				
Florida street add	ress (P.O. Box NOT acceptable)			
Winter Springs	FL			
City, Star	te, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept the ty. I further agree to comply with a performance of my duties, and I	appoint the pro am fami	ment visior liar v	as ns of vith
Lugh /	A STATE OF THE STA			
Registered Agent's Signatu	He (REQUIRED)		ದ	
(CONTINU	J ED)	44	APR 24	3 J
Page 1 of 2				
				New year

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Terry W Singleton
	1773 Owasco Street
	Winter Springs, FL 32708
	This is a Manager-Managed Compa
_ 	
LE V: Effective date, if other than the fective date is listed, the date mus	e date of filing: (OPTION to be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date mus or 90 days after the date of filing.)	
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LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	t be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
TEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information under I am aware that any false information constitutes a third degree felong the signal of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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Filing Fees: Signature of a member of siling and signature of a member of a m	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee
Terry W Singleton Tight Terry W Singleton Ty Filling Fees:	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee

Page 2 of 2