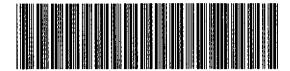
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
ON I AHASSEE, FLORIDA

K.SALY EXAMINER JUL 16 2013 (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tartan Table, 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:

Elizabeth Dees	
Name of Person	
Firm/Company	
2472 Abeline Road	
Address	
Spring Hill, Florida 34608	
City/State and Zip Code	

Thetartantable@gmail.com

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

For further information concerning this matter, please call:

Elizabeth Dees 352 666-3981

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

\$130.00 Filing Fee & Certificate of Status 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 1 - Name: The name of the Limited Liability Company	is:
The Tartan Table, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3429 Deltona Blvd.	2472 Abeline Road
Spring Hill, FL	Spring Hill, FL 34608
34606	
The name and the Florida street address of the Elizabeth Dees Na 2472 Abeline Road	he registered agent are:
Florida street	t address (P.O. Box NOT acceptable)
Spring Hill	Fig. 34608 뒤속 구 다
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	to accept service of process for the above stared limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with s registered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Elizabeth Dees
	2472 Abeline Road
	Spring Hill, FL 34608
	
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(Use attachment if necessary)	
	the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	
lacily	roof Sta
Signature of a me	mber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
Elizabeth Dees	
	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)