L13000115591

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

ZONO AUG -2 PM 2: 21
SECRETARY OF STATE

N. Gulligan AUG 1.5 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ANTHONY KENT TEE 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:

			-	
Anthon	y K. Tee			
		Name of Person		
ANTHO	NY KENT TE	E LLC.		
		Firm/Company		
97 Viva	inte Blvd., Uni	it 9727		
		Address		
Punta (Gorda, FL 339	50		
	Cit	y/State and Zip Co	de	
anthonyki	ee@gmail.com			
	E-mail address: (to be used to	for future annual re	port notification)	
For further information	concerning this matter, please	call:		
Anthony K	ent Tee	_at (309_	, 221-08	362
Name	of Person	Area Co	de & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	•	\$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



August 5, 2013

ANTHONY KENT TEE 97 VIVANTE BLVD,. UNIT 9727 PUNTA GORDA, FL 33950

SUBJECT: TEE INC LLC Ref. Number: W13000043570

We have received your document for TEE INC 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 of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Letter Number: 213A00018721

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ANTHONY KENT	TEFLIC		
ANTIONI KEM		nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing ad	dress and street address	of the principal office of the Limited Liab	ility Company is:
Principal Offic	ce Address:	Mailing Address:	
97 Vivante Blvd., L	Jnit 9727	97 Vivante Blvd., Unit 9727	
Punta Gorda, FL			
Funta Gorda, FE		Punta Gorda, FL	
33950	- Registered Agent, Re	33950	ignature:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its in an active Florida registration.)	egistered Office, & Registered Agent's Soom Registered Agent. You must designate an individu	al or another SECT
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its on an active Florida registration.) The Florida street address Anthony Kent Tee	egistered Office, & Registered Agent's Sown Registered Agent. You must designate an individues of the registered agent are: Name	al or another
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its in an active Florida registration.) The Florida street address Anthony Kent Tee 97 Vivante Blvd., Unit 97	egistered Office, & Registered Agent's Sown Registered Agent. You must designate an individues of the registered agent are: Name	FILED 283 AUG -2 PM SECRETARY OF STALLAHASSEE, FI
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its in an active Florida registration.) The Florida street address Anthony Kent Tee 97 Vivante Blvd., Unit 97 Florida	egistered Office, & Registered Agent's Sown Registered Agent. You must designate an individues of the registered agent are: Name	FILE SECRETARY (

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..

Registered Agent's Signature (REQUIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Anthony Kent Tee 97 Vivante Blvd., Unit 9727 Punta Gorda, FL 33950 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 08/01/2013 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (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

Anthony Kent Tee

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)