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Division of Corporations

Fax Number

: (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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## FLORIDA LIMITED LIABILITY CO. TEAM TIGER, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

Effective Date 1/1/1/

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Effective Date

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: 3337 CORAL LAKE MANOR Florida street address (P.O. Box NOT acceptable) CORAL SPLINGS FL 33065 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited 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. (CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Manager (s) or Manager (s	maging Member(s): ager of Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	REMY THEVENOT 8337 CORAL LAKE MANOR CORAL SPRINGS FL 32065
MGR	CARLINE MESIDOR 8337 CORAL LAKE MUR CORAL SPRINGS, FL 33065
MGR	MONFORT DESANGES 18240 NW 85 AVE MIAM & 33015
Use attachment if necessary)  ICLE V: Effective date, if other than a effective date is listed, the date news 90 days after the date of filing.)	the date of filing: Oldold (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ember or an authorized representative of a member,
(in accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for	n 608.408(3), Florida Statutes, the execution of this document under the benalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REMY	Typed or printed name of signee
	ORIGA ORIGA