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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: T. J. TELTSER FAMILY 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:
HAROLD POTELTSER
Name of Person
Firm/Company
234 MERTH COUNTRY CLUB DRIVE
Address
ATLANTIS FL 33462 City/State and Zip Code
/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AROLD RTELTSER at (361) 965-828 6 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certified Copy}

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T.J. TELTSERFAMILY, LLC
the name of the Emilied Elability Company is.

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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Addr	ess:
236 NORTH COUNTRY CL	UB DRIVE	SAME
ATLANTIS, FL 334	62	
ARTICLE III - Registered Agent, Regi	stered Office, & Regis	tered 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:

HARGLD R. TELTSER

Name

236 NBRTH COUNTRY CLUB DRIVE

Florida street address (P.O. Box NOT acceptable)

ATLANTIS

City

FL 33462

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 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	HAROLD R TELTSER
OR	236 NORTH COUNTRY ELUB DA
MGR	ATLANTIS, FL 33462
	WIRIAM E TELTSER
AMBR	SAME AS ABOVE
M - A	SAME AS ABOVE
JMBR_	JOSEPH M TELTSER
	SAME AS ABOVE
(Use attachment if necessary)	

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: Sottoer

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 constitutes a third degree felony as provided for in s.817.155, F.S.)

MIRIAM E TELT SER
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)