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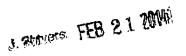
(Red	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

	ion Section of Corporations		
SUBJECT: Tear	n Frapper LLC Name of Lin	mited Liability Company	
	les of Organization and fee(s) a	_	
	respondence concerning this m	latter to the following:	
<u>Maria</u>	E Hickerson	Name of Person	
<u>Team</u>	Frapper LLC	Firm/Company	-
<u>4316</u>	60 Ave	Address	
<u>Vero E</u>	leach, Fl 32967		
thefrapper00	1@gmail.com	City/State and Zip Code	ation)
For further informa	tion concerning this matter, ple	ase call:	
Robert Hickerson	at (at (772) <u>473-0252</u> Area Code Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Sailing Address egistration Section	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Team Frapper LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	cipal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
4316 60 Ave Vero Beach, Fl 32967	4316 60 Ave Vero Beach, Fl 32967	
another business entity with an active Florida reg The name and the Florida street address of the reg	•	
Maria E Hickerson	Name	
4316 60 Ave	Name O. Box <u>NOT</u> acceptable)	<u>-</u>
4316 60 Ave Florida street address (P.	O. Box <u>NOT</u> acceptable)	<u>-</u>
4316 60 Ave Florida street address (P.		

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
		_
		
(Use attachment if necessary)		
EV: Effective date, if other than the date	of filing: (Olecific and cannot be more than five business da	
EV: Effective date, if other than the date	of filing:	
E V: Effective date, if other than the date excrive date is listed, the date must be spenf filing.)		
E V: Effective date, if other than the date excrive date is listed, the date must be spenf filing.) E VI: Other provisions, if any.		
E V: Effective date, if other than the date extive date is listed, the date must be spenf filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business da	ys prior to or 90
E V: Effective date, if other than the date sective date is listed, the date must be spenf filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	eific and cannot be more than five business da	ys prior to or 90
E V: Effective date, if other than the date sective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business da	mber. this document ein are true.
E V: Effective date, if other than the date sective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false information constitutes a third degree felony	mber or an authorized representative of a me 5.0203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated here nation submitted in a document to the Department of the penalties of perjury that the facts stated here nation submitted in a document to the Department of the Department	mber. this document ein are true. nt of State
E V: Effective date, if other than the date sective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a me 5.0203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated here nation submitted in a document to the Department of the penalties of perjury that the facts stated here nation submitted in a document to the Department of the Department	mber. this document ein are true. nt of State