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TO: Registration Section Division of Corporations SUBJECT: Teresa Egana, 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: Teresa Egana Name of Person Firm/Company 2732 NE 27 Ct Address Fort Lauderdale, FI 33306 City/State and Zip Code Info@teresaegana.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Malona Egana Name of Person at (321) 230.1234 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Included the following amount: City State and Zip Code Certificate of Status Certificate Opy (additional copy is enclosed)	*		•		1977			
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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 I - Name: The name of the Limited Liability Company is:		
Teresa Egana. LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
2732 NE 27 Ct Fort Lauderdale, Fl 33306	2732 NE 27 Ct Fort Lauderdale, Fl 33306	<u>}</u>
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must de	
The name and the Florida street address of the regist	ered agent are:	
Malena Egana		
N	ame	
2732 NE 27 Ct		
Florida street address (P.O.	Box NOT acceptable)	
Fort Lauderdale	FL 33306	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with call accept the	ccept the appointment as registered a ions of all statutes relating to the prop	ngent and agree to act in this per and complete performance
Registered Agent's S	ignature (REQUIRED)	
/ 5		CRE FE
CONT	INUED)	
/ Page	1 of 2	10 PJ 3-4

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MBR	Torona Egana
MBR	Teresa Egana 2732 NE 27 Ct
	Fort Lauderdale, FL 33306
AMBR	Maria Elena Egana
	2732 NE 27 Ct
	Fort Lauderdale, FL 33306+
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