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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations			
SUBJECT: Teemail LLC			
Name of Lin	nited Liability Company		
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Richard Ferris			
	Name of Person		
Teemail		<u>. </u>	
	Firm/Company		
_1835 So. Atlantic Ave. Suite #204	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Address	I MAR	
Cocoa Beach, Florida 32931		AS 9	
	ity/State and Zip Code	THE P	7
tmail_usa@yahoo.com E-mail address: (to be used	for future annual report notifica	ation)). Politica
For further information concerning this matter, plea	se call:	₹ 5	
Richard Ferris at (7	703) 622-8012		
Name of Person		lephone Number	
Enclosed is a check for the following amount:			
☑ \$125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Add	ress	
Registration Section Division of Corporations	Registration Section Division of Corporat	tions	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Cent	ter Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Teemail LLC1835 Section (1	o. Atlantic Must end with the words "Lim	nited Liability Company, "L.L.C.," or "L	LC.")	
ARTICLE II - Addre The mailing address an		oal office of the Limited Liability Compa	any is:	
Principal Office Add	ress:	Mailing Address:		
1835 So. Atlantic Av Cocoa Beach, Florid		1835 So. Atlantic Ave. Suite Cocoa Beach, Florida 32931	#204	
(The Limited Liability another business entity	Company cannot serve as its of with an active Florida registrida street address of the registrichard Ferris	ered agent are:	HAMR 19 PM ECYLTARY OF S LLAHASSEELFL	
	Florida street address (P.O.	Box NOT acceptable)	4: 57 TATE ORIDA	
	Cocoa Beach	FL 32931Richard W		
	City	Zip		
the place designate capacity. I further ag	d in this certificate, I hereby ac gree to comply with the provisi im familiar with and accept the	ot service of process for the above stated eccept the appointment as registered agen fons of all statutes relating to the proper of the obligations of my position as registered chapter 605, F.S	t and agree to act in and complete perfor	this mance

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Richard W. Ferris
	5909 Eastbluff Court
	Midlothian, Virginia 23112
MGR	Richard Ferris
	1835 So. Atlantic Ave. Suite # 204
	Cocoa Beach, Florida 32931
	Proceed Bodding Florida GEOV
	7. 3
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	(A. Z.
	<u> </u>
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	and the same of th
Use attachment if necessary)	
V: Effective date, if other than the date of tive date is listed, the date must be speci	f filing: March 15, 2014 (OPTIONAL) ific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)	f filing: March 15, 2014 (OPTIONAL) ific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under the section of the sectio	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony: Richard Ferris	ific and cannot be more than five business days prior to or 90 considerable and cannot be more than five business days prior to or 90 considerable and cannot be more than five business days prior to or 90 considerable and comment to a member. O203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee

ARTICLE IV-