Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000821353)))



H140000821353ABCY

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EFFECTIVE DATE

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Pmail	Address:		
	ALKILL 0 8 8 1		

RECEIVED
4 APR-7 AM 9: 52
ECHANGE OF SAME

FLORIDA LIMITED LIABILITY CO.

T.T.E., LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K.SALY EXAMINER APR - 8 2014

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T. F. LC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Floragia City ringias Nume of Person
Performance Designs
Firm/Company
1300 E. International Specimen Blue
Solor d F: 32724 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anordo Occinostoro at (156) 235-2228 Name of Person Area Code Daylime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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
Tollahassee, FL 32301

4/7/2014 9:48:18 From: To: 8506176383

2014 APR-7 AMII: 56

SEURETARY OF STATE
FALLAHASSEE. FLORIAT

ARTICL	ES OF ORGANIZATION FOR FL	ORIDA LIMIT	ED L'INBILITY COT	VIPANY	TASSEE, FLORIBY
ARTICLE 1 - Nume: The name of the Limited L	iability Company is:			EFFECTIVE DATE	
T.T.E.	LLC				
(Mús	t end with the words "Limited I	isbility Com	owy, "L.L.C.," or "	1.LC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	ice of the Lin	nited Liability Com	pany is:	
Principal Office Address	Ł	Mailing Ac	ldress:		
1300 F. Int Deland. Fl.	ernotland Sporder	zy Blud	1360 E. I	nternation 132724	nal Speedway A.
(The Limited Liability Co- another business entity w	ed Agent, Registered Office, & inpany cannot serve as its own in the an active Florida registration street address of the registered as	Registered ∧g)			or
The limite with the Livings	_	-			
_	C T Corporation	on System			
	1200 South Pine	Telend Doad			
F	lorida street address (P.O. Box		ble)		
	Piantation	FI.	33324		
	City		Zip		
the place designated to capacity. I further agre- of my duties, and I am	gistered ogent and to accept ser it this certificate, I hereby accept to comply with the provisions of familiar with and accept the obt Chapt C T Corporation System By: Registered Agent's Signal	the appointment all statutes ringations of my er 605, F.S.	eni as registered ag elating to the prope position as register	ent and agree to ac r and complete per	t in this formance

(CONTINUED)

Page 1 of 2

Use attachment if necessary) E. V.: Effective date, If other than the date of filing: 4-1-14 (OPTIONAL) entry date is listed, the date must be specific and cannot be more than five business days prior to of filing.) E. VI: Other provisions, if any.	Fille: AMBR* = Authorized Member	Name and Address:
EV: Effective date, If other than the date of filing:	MGR" = Manager HMBR	
EV: Effective date, If other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to a filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: 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 docume 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 follows as provided for in s.817.155, F.S.)		
EV: Effective date, If other than the date of filing: Copyright Copyright		
REQUIRED SIGNATURE: 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 docume 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 falony as provided for in s.817.155, F.S.)		
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