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venue . Tallahassee, Florida 32303 (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	T&I_ME	XLIMPORTS, LLC	
•	Name of Li	imited Liability Company	
The enclosed Article	es of Organization and fee(s)	are submitted for filing.	
Please return all corr	respondence concerning this r	natter to the following:	
· 		LINDA BENTLEY Name of Person	
		Name of Person	
	T&L	MEXI IMPORTS, LLC	
		Firm/Company	
	31	10 BIRD AVENUE	
		Address	
		MIAMI, FL 33133	
		City/State and Zip Code ,	
	E-mail address: (to be use	linda207@aol.com ed for future annual report notificat	ion)
For further informati	on concerning this matter, ple	ease call:	
Linda Bentley Na	at (at (305) 582-4966 Area Code Daytime Tele	ephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	gistration Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	SSS Ons Or Circle

ANTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
T&L MEXI IMPORTS. LLC (Must end with the words "Limited L	lability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
3110 BIRD AVENUE MIAML FL 33133	3110 BIRD AVENUE MIAMI, FL 33133	
MINIMULTE 33153	INIMAN, I COUNTY	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an indivi	dual or
The name and the Fiorida street address of the registered ag	gent are:	
LINDA BENTLE)	<u>Y</u>	
Name		
3110 BIRD AVENU Florida street address (P.O. Box N		
MIAMI	FL 33133	
City	Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I fiwther agree to comply with the frevisions of a of my duties, and I am familiar with and accept the obligation. Registered Agent's Signature (CONTINUED) Page 1 of 2	is appointment as registered agent and agree to all statutes relating to the proper and camplete atlons of my position as registered agent as pro 605, F.S.	o aci in this performance

<u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
AMBR	LINDA BENTLEY
	3110 BIRD AVENUE
	MIAMI. FL 33133
•	
(I ice attachment if negacross)	
(Use attachment if necessary) ICLE V: Effective date, if other than	the date of filing:
ICLE V: Effective date, if other that effective date is listed, the date mate of filing.)	the date of filing: (CPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
ICLE V: Effective date, if other that effective date is listed, the date mate of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
ICLE V: Effective date, if other than effective date is listed, the date mate of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than effective date is listed, the date mate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURES	at be specific and cannot be more than five business days prior to or 90 days Of a member or an authorized representative of a member.
ICLE V: Effective date, if other than effective date is listed, the date mate of filling.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURES Signature (In accordance with se	of a member or an authorized representative of a member.
ICLE V: Effective date, if other than effective date is listed, the date mate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with seconstitutes an affirmal I am aware that any factors.)	of a member or an authorized representative of a member. Idion 605.0203 (1) (b), Florida Statates, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information submitted in a document to the Department of State
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ICLE V: Effective date, if other than a effective date is listed, the date mate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with seconstitutes an affirmal I am aware that any fa	of a member or an authorized representative of a member. Idion 605.0203 (1) (b), Florida Statates, the execution of this document on under the penalties of perjury that the facts stated herein are true, so information submitted in a document to the Department of State

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