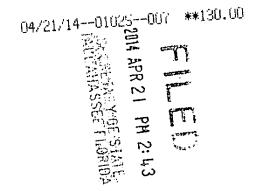
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Office Use Only



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(APR 24 2014

J. BRUCi

## **COVER LETTER**

Division of Corporations
SUBJECT: TEC NATION LCC 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:
TAMARA CADET
Name of Person
TEC NATION LLC
Firm/Company
6050 34± S+W Ap+ #103
Address
Bradenton, Fl 34210 City/State and Zip Code
Meezy 2424 @ amail. Com  H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMARA CARDET at QUI 448 - 1444  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\simegath{\simegath} \\$130.00 Filing Fee & Certificate of Status \$\simegath{\coloredge} \\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\simegath{\coloredge} \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TEC NATION LCC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6050 34th St W Apt #103  Bradenton, FL 34210  Bradenton, FZ 34210
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
TA MARA CA DET
6050 344 St W Apt 103
Florida street address (P.O. Box NOT acceptable)
Bradenton FL 34210
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided form.  Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
Registered Agent a Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

"MOR" = Authorized Member "MOR" = Manager  TAMARA CADET LOSO 344 St W Pot 103  Broductor, P. 34210  EV: Effective date, if other than the date of filing:  Evice date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  YIMARA CADET  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 document 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 felony as provided for in s.817.155, F.S.)  TAMARA CADET  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificate of Status (Optional)  Page 2 of 2	Title:	Name and Address:	
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  Exercised the provisions, if any.  E. V.: Optional)  E. V.: Optional (Optional)  E. V.: Optional)  E. V.: Optional (Optional)	"AMBR" = Authorized Memb "MGR" = Manager	er	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing: Filing PATE (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day  of filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 603.0203 (1) (b), Florida Statutes, the execution of this document  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 felony as provided for in s.817.155, F.S.)  TAMELA CADET  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)			
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