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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Teen Taki ilc
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:
Coreg Rose Angela Pode Name of Person
Firm/Company
3551 Hairstone Pd, #105-125
Address
Tallahassee & 32301 City/State and Zip Code apode@AmpProfessional Services, Com E-mail address: (to be used for future annual report notification)
a Doda a. Amel Professional Selvices, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela Poble at (678) 910-2487 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

ANTICLES OF ORGANIZATION FOR FEMALE PROPERTY CONTINUES
ARTICLE 1 - Name: The name of the Limited Liability Company is:
Teen Taxi LLC
(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:
118 Salem Court Tailahassee, R 32301 Tailahassee, R 32301 Tailahassee, R 32301
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:
AMP Professional Services. LL STATE STATE Polymer 25 1 25 1 25 25 25 25 25 25 25 25 25 25 25 25 25
Name 2551 Blairstone PA #105725
3551 Blairstone Pd, #105725
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL FL 32301
City Zip 22
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 for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

**AMBR* = Authorized Member **MGR* = Manager **MGR* = Manager **MGR* = Manager **Corey Rode **351 Bairstore Pd., #105-125 Tallahasse, h. 32301 **AMBR* = Authorized Member **AMBR* = Manager **AMBR* = Manager **Corey Rode **351 Bairstore Pd., #105-125 Tallahasse, h. 32301 **AMBR* = Authorized Pd., #105-125 Tallahasse, h. 32301 **Ticle V: Effective date, if other than the date of filing: 9120 14	<u>Title:</u>	Name and Address:	
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