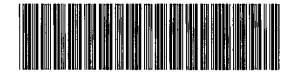
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(ке	questoi s ivame)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	;

Office Use Only



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2014 AUG 22 PH 4: 11

D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TELTEK Name of Limited Liability	Company
The enclosed Articles of Organization and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
SER 6 Name of P	erson ORSO
TELTEK Firm/Con	I NC
21121 S. W. 485Th AL	
MIAMI FLOCIDA City/State and SORSO Q U E-mail address: (to be used for future and	Zip Code Te MIAMI. Com Innual report notification) Zip Code Zip
SORSO Q U	TEMIAMI. COM
	TEMIAMI COM nnual report notification) TEMIAMI COM STATE TO STATE
For further information concerning this matter, please call:	File 79-0
LAURA ORSO at (786)	242 4055 Daytime Telephone Number
LAUNA O ICSO at (786) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Certificate of Status Certified	Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section R	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
TELTEK 1	LC
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21121 S.W. 185" AVE APT 101	21121 S.W. 185TH AUG ALT 101 (85Th AUG ALT 101)
MIAMI, FL 33189	33183 14
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
LAURA SACONTAGO O Name	RSO
21121 SW. 185	TM, APT 101 (85TM AUDNUE)
Florida street address (P.O. Box]	NOT acceptable)
MIAM)	FL 3 5185 Zip
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapte	the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	D) 22
Page 1 of 2	2014 AUG 22 PH 4: 11 AND NATURE STATE AND AND STATE FLORING

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	S& R610 ORSO 211 21 S.W. 485+4 AVO	APT 101 (
MGR	MIANI, FL 33189 CAURA DRSO 21121 S.W. 885TH AVU MIANI, FL 3318B	MI 101 (85 TH)
(Use attachment if necessary) E V: Effective date, if other than the date	of filing: (OPTION	IAL)
of filing.) E VI: Other provisions, if any.		
D VI. Onici provisions, il any.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60: constitutes an affirmation unde I am aware that any false infor	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this d r the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of S y as provided for in s.817.155, F.S.)	ocument e true.
Signature of a me (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon	5.0203 (1) (b), Florida Statutes, the execution of this d in the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of S	ocument e true.