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EFFECTIVE DATE

FILED
2014 SEP -4 PM 12: 20
SECRETARY OF STATE

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TDBA LLC  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:
EDWARD DUPAY
Name of Person
TABA LLC
Firm/Company
12000 4th St. N #215
Address
St. Petersburg, F1 33716  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ENWARD DUPAY at (813) 399 7240  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$155.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$160.00 Filing Fee, \text{Certified of Status & 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 Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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:  12000 4th St N #215  St. Petersburg, F1 337/6  St. petersburg, F1 337/6
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:
EDWARD DUPAY  Name  12000 4th St N #215
Florida street address (P.O. Box NOT acceptable)  St. Petersburg FL 337/6  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 for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

Stanature (REQUIRED)

e attachment if necessary)  EDWARD DUPAY  12000 4th St N. #215  St Peters burg, Fl 33.77/6  Effective date, if other than the date of filing: September 2, 2014 (OPTIONAL)  re date is listed, the date must be specific and cannot be more than five business days prior to or 90 day  ing.)  Cother provisions, if any.  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (1) (6): Florida Statuse, the execution of this document constitutes an affirmation under the penaltics of peripay that the facts stated herein are true.	Ise attachment if necessary)  V: Effective date, if other than the date of filing:  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (17 to), Florida Signature, 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	Jes attachment if necessary)  V: Effective date, if other than the date of filing:  V: Cother provisions, if any.  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (17) Furiad spatus, the execution of this document constitutes an affirmation under the penalties of perjury that the factsystate therein are true.	Jse attachment if necessary)  V: Effective date, if other than the date of filing: Sept 2, 2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of an authorized provesoriative 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 fact stated herein are true. I am aware that any false information submitted in a document to the Department of State
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