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Effective Date 2/28/15

SECRETARY OF STATE

2015 HAR -3 PH 1: 3

MAR 20 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>TedMauzey LLC</u> Name of Lin	nited Liability Company	
	• •	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Ted W. Mauzey LLC		
	Name of Person	
TedMauzey LLC		
Tedividuzey ELO	Firm/Company	,
		•
8885 Country Bend Circle North	Address	····
Jacksonville, FL 32244		
C	City/State and Zip Code	
tedmauzey@aol.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information concerning this matter, plea	•	
To raise monator corecting up nate, per	use cur.	
Ted Mauzey at (
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
S125.00 Filing Fee □\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Adda Registration Section	ress
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
TedMauzey LLC	
(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 offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8885 Country Bend Circle North Jacksonville, FL 32244	8885 Country Bend Circle North Jacksonville, FL 32244
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
Ted Mauzey	
Name	
8885 Country Bend Circle North Florida street address (P.O. Box M.)	
_Jacksonville	FL 32244
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance stations of my position as registered agent as provided for in r 605, F.S
(CONTINUE)	D)

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2015 MAR -3 PM 1:33

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	CT CT
MGR" = Manager	
MGR	Ted W. Mauzey
	8885 Country Bend Circle North
	Jacksonville, FL 32244
	
EV: Effective date, if other tha	n the date of filing: 28 FEB 2015 (OPTIONAL)
	n the date of filing: <u>28 FEB 2015</u> . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other that extive date is listed, the date must filling.)	
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)