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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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03/27/15--01014--007 **160.00

Effective Date 4/1/15

15 MAR 27 PM 1: 09
SECRETANT OF STATE

Ark 1 6 2015

T. HAMPTON

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: TAB O	nline Treasures, LLC Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Thomas	C. Unger & Elizabeth Sch		
		Name of Person	
., _		Firm/Company	
_2005 Pir	ne Isle Lane	Address	
Naples, F		Sity/State and Zip Code	
tomiu@aol.com		d for future annual report notifica	ation)
For further information	n concerning this matter, plea	ase call:	
	Elizabeth Schessler at (; ae of Person		lephone Number
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Let's 160.00 Filing Fee, Certificate 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

Effective Date 4 115

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability Company is:				
TAB Online Treasures, LLC				
	Liability 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:			
2005 Pine Isle Lane	_2005 Pine Isle Lane			
Naples . FL 34112	Naples FL 34112			
ADDICE DATE OF THE COLUMN ASSESSMENT OF THE CO				
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	gent are:			
Thomas C. Unger				
Name				
2005 Pine Isle Lane				
Florida street address (P.O. Box NOT acceptable)				
Naples	FL 34112			
City	Zip			
Market I				
	rice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this			
	f all statutes relating to the proper and complete performance			
of my duties, and I am familiar with and accept the oblig	gations of my position as registered agent as provided for in			
Chapter	r 605, F.S			
	/ /			
Thomas C.	Ungas			
Registered Agent's Signatu	ure (REQUIRED)			

(CONTINUED)

Page 1 of 2

15 HAR 27 PM 1: 09
SECRETARY OF STATE

	" = Authorized Member	Name and Address:
MGR	= Manager	Thomas C. Unger
Wart		2005 Pine Isle Lane
		Naples, FL 34112
MGR		Elizabeth Schessler
		803 River Point Drive B-307
		Naples, FL 34102
	<u> </u>	
-		
•	achment if necessary)	
ARTICLE V: Ef (If an effective da the date of filing.)	ite is listed, the date must be sp	e of filing: <u>APRIL 1, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days afte
	ther provisions, if any.	
REQUI	RED SIGNATURE:	
	(In accordance with section 60 constitutes an affirmation und	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Certificate of Status

Elizabeth Schessler

\$ 5.00 Certificate of Status (Optional)

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