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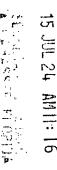
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mD 7/29

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TINA BUSHNO JANIFORIA! 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:
TINA BURANO
Name of Person .
Firm/Company
2053 3Rd AUE. North
Address
57. Actorslace F1. 33713 City/State and Zip Code
Timbusano@ quail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TINA BUSAND at (727) 420.5920
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TINA BUSANO J	anitopial LLC	<i></i>	
(Must end wi	th the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")	- J	
ARTICLE II - Address: The mailing address and street add	tress of the principal office of the Li	mited Liability Company is:	III. 24	
	Office Address: 3 Bol AUE: North	<u>Mailing Address</u> :		-
St. Peter	25 burg, Fl. 33713		5	
	5		duat or	
	TIWA BUT	400		
·	TiWA BUX Name 2053 3 Rd AVE	T. North		
,	Name 2053 3 Rel AVE Florida street address (P.O. Box D. A. Attens bung F1.	North NOT acceptable)		
	2053 3 Rel AUE Florida street address (P.O. Box D			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" Manager The bully of the Limited Liability Company: "MGR" Manager "MGR" Manager "MGR" Manager "MGR" Manager "MGR" Manager "WE MANAGER MA	ARTICLE IV-			j an cn
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) (In accordance with section 605,203 (1) (b), Florida Statutes, 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 constitutes a third degree felony as provided for in s.817.155, F.S.)		idress of each person author	rized to manage and control the Limited Lia	ability Company: 🚞 👚
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membel of a nutborized representative 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 facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	Tial		Name and Address	
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			5th Petalsburg, FI	33713
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1 yped or printed name of signee		Signature of a memi (In accordance with section constitutes an affirmation u I am aware that any false in	befor an authorized representative of a 1 605.0203 (1) (b), Florida Statutes, the exe nder the penalties of perjury that the facts so formation submitted in a document to the I	cution of this document stated herein are true.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)