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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Teems 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:
Leigh Ann Pippin Name of Person
Firm/Company
2801 S. Bay Street
City/State and Zip Code 100 pm 100 p
For further information concerning this matter, please call:
Leigh Ang at (352) Lo36 4553 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate o
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 15 NOV 12 PM 4: 18 (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:** Mailing Address: 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: Florida street address (P.O. Box NOT acceptable) 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 fegistered agent as provided for in Chapter 605, F.S.. Registered Agent's Signature (REQUIRED)

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Troy D. Teems
	2801 S. Bay St
	Eustis FC 30726
MGR	Lain Ann Dagin
	2801 S. Bayer
	Eustis Fr 32726
(Use attachment if necessary)	
(Obe attachment if necessary)	
LE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
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