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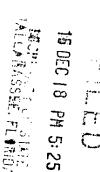
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Office Use Only



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COVER LETTER

	sistration Section
SUBJECT:	T E Designs, LLC.
Scaraci.	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:
	Tom Evans
-	Name of Person
,	Γ E Designs, LLC.
-	Firm/Company
	1932 Hastings Lane
-	Address
•	Clearwater, Fl 33763
_	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further inf	ormation concerning this matter, please call:
Т	om Evans 727 420-1274
_	Name of Person Area Code Daytime Telephone Number
	check for the following amount:
]\$125.00 Fili	ring Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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 ic:			LED
The name of the Emmed Diability	Company is.			15 DEC 18 PM 5: 25
T E Designs, LLC.				*** 5. 25
(Must end w	ith the words "Limited	l Liability Compar	ny, "L.L.C.," or "LLC.")	TALLARANCE STATE
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limite	d Liability Company is:	TALLARASSEE, FLERIDA
<u>Principa</u>	Office Address:		Mailing Add	ress:
1932 Hastings Lane		19	32 Hastings Lane	
Clearwater, Fl 33763			earwater, Fl 33763	
				
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own tive Florida registration	Registered Agent on.)		dividual or
		Name		
	1932 Hastings Lane			
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	
	Clearwater	fl	33763	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes re	ointment as registe clating to the prop	red agent and agree to act er and complete performan	in this capacity. I ce of my duties, and I
	Regist	ered Agent's Sign	ature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Munager	
MGR	Tom Evans
	1932 Hastings Lane
	Clearwater, Fl 33763
E V: Effective date, if other than the date	e of filing: (OPTIONAL)
ective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be sp of filing.) the date inserted in this block does not a	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
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ective date is listed, the date must be sport filing.) the date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean This document is executed an aware that any fals	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is execu I am aware that any fals	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State.

\$125.00 Filing Fee for Articles of Organi \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)