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FEB 1 2016

S. CHUBERT

COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC1	Ted Carignan L.L.C	
SUBJECT		imited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this r	matter to the following:
	Ted Carignan	
	, , , , , , , , , , , , , , , , , , , 	Name of Person
	Ted Carignan L.L.C	
		Firm/Company
	2892 eighth ave	
		Address
	st james city, fl 33956	
1	edcarignansons@yahoo.com	City/State and Zip Code
-		ed for future annual report notification)
For further is	nformation concerning this matter, plea	se call:
		207 212-2328
		Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	lling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Secretified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 is:		;	(ED) + PH 2:39
Ted Carignan L.L.C			16 FFR	L'abra
(Must end v	vith the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")	· TH Z: 39
ARTICLE II - Address: The mailing address and street ad			AL 34,25	TIT 2: 39
<u>Principa</u>	l Office Address:		Mailing Address:	
2892 eighth ave		2	892 eighth ave	
st james city fl 33956			james city fl 33956	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an act.) The name and the Florida street a	cannot serve as its owr ctive Florida registratio	n Registered Age on.)	nt. You must designate an individu	ial or
	_	Ü		
	Ted Carignan	Name		
	2892 eighth ave			
	Florida street addres	ss (P.O. Box <u>NO</u>	[acceptable)	
	st james city	f1	33956	
	City	State	Zip	

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 registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	THE SHALL SHALLS
MGR" = Manager	
MGR	Ted Carignan
	2892 eighth ave
	st james city fl 33956

V: Effective date, if other than the date	of filing: (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
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