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## **COVER LETTER**

<u>,</u>

	TO: Registration Section Division of Corporations			
SUBJECT:	TVA TAMPA BAY LL	.C		
565,201.	r: TVA TAMPA BAY LL Name of Limited Liability	Company		
The enclosed	sed Articles of Organization and fee(s) are submitted for	or filing.		
Please return	arn all correspondence concerning this matter to the fol	lowing:		
	VIDA TRET	τ		
•	Name of Po	erson		
_				
	Firm/Com	pany		
_	115 E. Lambrigh	t St		
	Addres	S		
	Tampa, FL 336	04		
	City/State and Vtrette yahoo E-mail address: (to be used for future and	Zip Code		
	E-mail address: (to be used for future and	nual report notification)		
For further in	information concerning this matter, please call:	·		
_	Name of Person Area Code	Paytime Telephone Number		
	Name of Ferson Area code			
Enclosed is	s a check for the following amount:			
\$125.00 Fili	Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
		treet Address		
		ew Filing Section ivision of Corporations		
	P.O. Box 6327 C	lifton Building		
	Tallahassee, FL 32314 26	661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

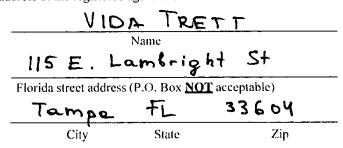
ARTICLE I - Name:				
The name of the Limited Liability Company is:				
TVA TAMPA BAY LLC				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				

Principal Office Address:	<u>Mailing Address</u> :		
115 E. Lambright St.	115 E. Lambright St.		
Tampa, FL 33604	115 E. Lambright St. Tampa, FL 33604		

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:

<u>بحر</u>



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)

Page 1 of 2

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	<b>le:</b> MBR" = Authorized M GR" = Manager	Name and Address:
A	MBR	ALEXANDER TRETT  115 E Lambright St.  TAMPA FL 33604
	MGR	VIDA TRETT  115 E Lambright St  TAMPA FL 33604
ARTICLE V (If an effective date of fine) Note: If the the document	ve date is listed, the da ling.) date inserted in this bi	er than the date of filing:
RE	<u>OUIRED</u> SIGNATU	RE: A. IRES
	This docu I am awar	nature of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  re that any false information submitted in a document to the Department of State  s a third degree felony as provided for in s.817.155, F.S.
		ALEXANDER TRETT

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)