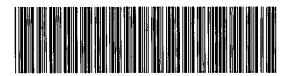
L16000155260

(Re	questor's Name)	······································
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only

AUG 2 2 2016 T. SCOTT



900288867799

08/15/16--01014--019 **160.00

TANIC IS MY 9:50

COVER LETTER

TO:

Registration Section

New Filing Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: TES NSB L.L.C 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:
TIMOTHY A. PAYNE Name of Person
TES NSB U.C. Firm/Company
5275 S. ATLANTIC AVE. SUITE #205
NEW SMYNNA BEACH FL 32169 City/State and Zip Code Skptap665© Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIM PAYLE at (386) 402-8819 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\begin{align*} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Street Address

New Filing Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TES NS	B L.L.C.
	mited 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:

NEW SMYLNA BREACH NOW SMYRNA BEACH	Principal Office Address:	Mailing Address:
FC, 32169		5275 S. ATLANTIE ALE #205 NOW SMYRNA BEACH FL, 32169

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:

TIMOTHY A. PAYNE

Name

5275 S. ATLANTIC AUE. SUITE #205

Florida street address (P.O. Box NOT acceptable)

NOW SMYRWA BOACH FL 32169

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	- 1. Par
AMBIL	SUSAN K. PAYNE
	NOW SMYRYA BEACH, EL 32169
ANBA.	THE A PAVILLE
JINIOIC	5275 S. ATLANTIC AUE SUITES
	NOW SMYRNA BEACH, FL 32169
	
ffective date is listed, the date mu	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than ffective date is listed, the date mu e of filing.)	t be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than ffective date is listed, the date mu e of filing.) If the date inserted in this block do	t be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than ffective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than ffective date is listed, the date mu e of filing.) If the date inserted in this block do ument's effective date on the Department of the	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be retirent of State's records.
LE V: Effective date, if other than ffective date is listed, the date mu e of filing.) If the date inserted in this block do ument's effective date on the Department of the	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be retired to State's records.
LE V: Effective date, if other than ffective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any. REOUIRED SIGNATURE: ** Signature This document is a management and a survey of the comment is a management.	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be retirent of State's records.
LE V: Effective date, if other than ffective date is listed, the date must of filing.) If the date inserted in this block doument's effective date on the Department's effective date on the D	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be retirement of State's records. of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes. In the property of the provided for in s.817.155, F.S.
LE V: Effective date, if other than ffective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Department's effective date on the	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be retirement of State's records. of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State