## L11000199979

(Request	or's Name)	
(Address	)	
/		
(Address	)	
(City/Stat	e/Zip/Phone #)	
PICK-UP	] WAIT	MAIL
(Dunim and	- F-4/4 . N \	
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
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Special Instructions to Filing	Officer:	
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Office Use Only



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## **COVER LETTER**

	w Filing Section vision of Corporations		
SUBJECT:	TEA CELL	· <b>·</b> ·	
	TEA CELL Name of L	imited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	n all correspondence concerning this r	natter to the following:	
	Kevin	D. C-RIFIN  Name of Person	·
	TEA (	CELL Firm/Company	
		Firm/Company	
	1441 Brandywine il	ead 300 T Address	
	west Palm beach		
-	tcens@ t		
		ed for future annual report notification	on)
For further in	formation concerning this matter, plea	se call:	
	Name of Person	561 ) 270 - 56 Area Code Daytime Telephone	
Enclosed is	a check for the following amount:		
\$125.00 Fi	sing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle



March 29, 2017

KEVIN D. GRIFFIN 1441 BRANDYWINE ROAD 300T WEST PALM BEACH, FL 33409

SUBJECT: TEA CELL, LLC Ref. Number: W17000026790

We have received your document for TEA CELL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 017A00005994

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:			
Te	A CELL,	LLC		
(Must conta	in the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Lim	ited Liability Company is:	
Princips	l Office Address:		Mailing Address	:
1441 Brand	hywine Road each, FL 334	300T 09	1441 Brandywine loo West Palm Beach, &	d 300T -L 3340S
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Ago		
The name and the Florida street a	ddress of the registered	l agent are:		
	izegi	Steved A	gents Inc	APR = /
	Florida street addres	eccky fo s(P.O. Box NO	ANT DRIVE  Tacceptable)	An Fr #3
	_TAMPA	FL	33607	
	City	FL_ State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the ob-	I hereby accept the apportions of all statutes re	oi <mark>ntinent</mark> as regi elating to the pre	stered agent and agree to act in the performance of the complete performance of the co	is capacity. I f my duties, and I
	Bu	L HAVE		
			gnature (REQUIRED)	
		(CONTINUE	CD)	

Title: "AMBR" = Authorized Member	Name and Address:	
"MOR" = Manager  AMBR Adultized Wellier	1441 Brandywing Road # 300T 1441 Brandywing Road # 300T 1485+ Pain Bearl, FL 33409	
(Use attachment if necessary)	<del>179417</del>	
the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Departman ARTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not nent of State's records.	t be listed as
	a member or an authorized representative of a member.	
I am aware that any constitutes a third de	Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
/	Typed or printed name of signee	17 APF
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op	Filing Fees:  f Organization and Designation of Registered Agent  al)	R-7 AM 4: 45

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

ARTICLE IV-