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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	Tekoa Gemz LLC	
30031.0		mited Liability Company
The encl	losed Articles of Organization and fee(s) a	re submitted for filing.
Please re	eturn all correspondence concerning this m	atter to the following:
	Daniel Herman and Joanne Blocker	
		Name of Person
	Tekou Gemz LLC	
		Firm/Company
	4300 Myrtle Street	
		Address
	St Augustine, Fl 32084	
	USMCDL@aol.com and Jmbloc2@ao	City/State and Zip Code Leom
	E-mail address: (to be used	for future annual report notification)
For further	er information concerning this matter, pleas	e call:
	Daniel Herman and Joanne Block R 9	04 451 2863
		Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. ARTICLE 1 - Name:

(Must contain	the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address:		
mailing address and street addre	ess of the principal office	of the Limited Liability Company is:
<u>Principal C</u>	Office Address:	Mailing Address:
4300 Myrtle Street		4300 Myrtle Street
St Augustine, Fl 32084		St Augusine, Fl 32084
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an activ	inot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individual
e Limited Liability Company can	inot serve as its own Reg ve Florida registration.)	istered Agent. You must designate an individual
e Limited Liability Company can ther business entity with an active name and the Florida street add	inot serve as its own Reg ve Florida registration.)	istered Agent. You must designate an individual
e Limited Liability Company can ther business entity with an active name and the Florida street add	not serve as its own Reg re Florida registration.) ress of the registered age	istered Agent. You must designate an individual nt are:
e Limited Liability Company can ther business entity with an active name and the Florida street add	not serve as its own Reg re Florida registration.) ress of the registered age Daniel Herman	istered Agent. You must designate an individual nt are:
e Limited Liability Company can ther business entity with an active name and the Florida street add L	enot serve as its own Reg re Florida registration.) ress of the registered ager Daniel Herman Na	istered Agent. You must designate an individual nt are:
e Limited Liability Company can ther business entity with an active name and the Florida street add L	enot serve as its own Reg re Florida registration.) ress of the registered ager Daniel Herman Na	istered Agent. You must designate an individual nt are: me

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)

ARTICLE IV-

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

"MGR" = Man	thorized Member		
	ager		
AMBR	50.	Daniel Herman	
		4300 Myrtle Street	_
		St Augustine, Fl 32084	
AMBR		Joanne Blocker	
		4300 Myrtle Street	
		St Augustine, FI 32084	
			
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	· 		
(Use attachmen	nt if necessary)		
the date inserte	ed in this block does not meet	the applicable statutory filing requirements, this date wil	l not be
	e date on the Department of S		l not be
ment's effective	e date on the Department of Sovisions, if any.		I not be
ment's effective	Signature of a memb This document is executed it am aware that any false info	Oranne Blacken	tes.
ment's effective	Signature of a memb This document is executed i I am aware that any false inf constitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statu formation submitted in a document to the Department of Stony as provided for in s.817.155, F.S. Joanne Blocker	tes.
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ment's effective	Signature of a memb This document is executed i I am aware that any false inf constitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statu formation submitted in a document to the Department of Stony as provided for in s.817.155, F.S. Joanne Blocker Typed or printed name of signee	tes.
ment's effective E VI: Other pro REOUIRED S	Signature of a memb This document is executed i I am aware that any false inf constitutes a third degree fel Daniel Herman	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statu formation submitted in a document to the Department of Stony as provided for in s.817.155, F.S. Joanne Blocker yped or printed name of signee Filing Fres:	tes.
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