

**L18000131106**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : 120090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TEDDYS RESTORATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS  
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18 MAY 25 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 605 and/or s. 605.0201, F.S.

FILED  
18 MAY 25 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**The name of the Limited Liability Company is:  
TEDDYS RESTORATION LLC**ARTICLE II ADDRESS**

The street address and mailing address of the principal office of the Limited Liability Company is:

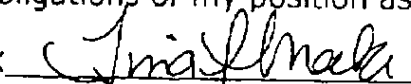
1129 LAUREL DRIVE  
NORTH FORT MYERS, FL 33917**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.  
5647 110<sup>TH</sup> AVENUE NORTH  
ROYAL PALM BEACH, FL 33411

Having been named as registered agent 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 608, F.S..

x



A1A REGISTERED AGENT INC./ Registered Agent's signature

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TEDDYS RESTORATION LLC

**ARTICLE IV**

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

**Title:**

AMBR: MARK PATTEN

1129 LAUREL DRIVE

NORTH FORT MYERS, FL 33917

AMBR: SANDRA KRAUSE

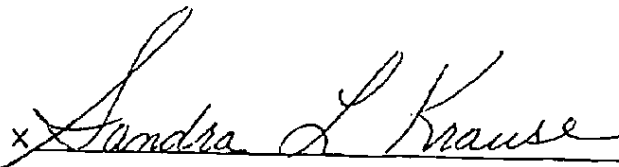
1129 LAUREL DRIVE

NORTH FORT MYERS, FL 33917

**ARTICLE V:**

Effective Date, if other than the date of filing: \_\_\_\_\_(OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

x 

SANDRA KRAUSE

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.)

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