### Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Maria Velez

Account Name T

: PLANET HOLLYWOOD INTERNATIONAL, INC.

Account Number : I2008000100

Phone : (407)903-5513

Fax Number

: (407)352-7310

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

Email address: mvelez@earlenterprise com

## FLORIDA LIMITED LIABILITY CO. TEACHERS10N1, LLC

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

J. FASON

DEC 16 2020

12/13/2020 16.16 40/332/310

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I Name

The name of this Limited Liability Company is:

TEACHERS10N1, LLC

# ARTICLE II Address

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

4700 Millenia Blvd., Stc 400 Orlando, FL 32839

# ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

#### ARTICLE IV

### Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm Gray Robinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and

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complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

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 in Section 817,155, Florida Statutes.

\_\_\_\_\_\_ Jeffrey Sirolly

Type or printed name of signee

ZED/KÉPRESENTATIVE'S SIGNATURE

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)