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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

New Filing Section
Division of Corporations

TO:

SUBJECT: TET Holdings Comfany 1/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:	
Yusuff Owane Lawence Name of Person	
Jusuff Divane Lawence Firm/Company	
3032 Foxhill Cir. AP+208	
Aforka Fl, 32703 City/State and Zip Code	
tand + howings 868 @ gmail - Com E-mail address: (to be used for future annual report notification)	
For turther information concerning this matter, please call:	
Yusuff Lawrence at 915, 861-7712 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: Updated from that was rejected \$125.00 Filing Fee \$\Bigsquare{1}\$\$130.00 Filing Fee & \$\Bigsquare{1}\$\$155.00 Filing Fee & \$\Bigsquare{1}\$\$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Affice #5 was missing per proper (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	ed)



August 12, 2021

YUSUFF LAWRENCE 3032 FOXHILL CIR. APOPKA, FL 32703

SUBJECT: T&T HOLDINGS COMPANY LLC

Ref. Number: W21000111513

We have received your document for T&T HOLDINGS COMPANY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

You must list an address for the manager listing.

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.

Letter Number: 621A00019189

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Ciability Company is:	
TET Holdings Company	1 LiC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office	<u>e Address</u> :	Mailing Ad	<u>dress</u> :
3032 Foxhill Cir	AP+208	3032 forhill cir	AP+208
·			

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:

3032 Foxhill CiR. APT 208
Florida street address (P.O. Box NOT acceptable)

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:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Janet Lawrence	
	1135 I My Medday 197 El 163 Tx 19434	
	F1 1451 12 14474	
		
(Use attachment if necessary)		
· ·	1117171	
CLE V: Effective date, if other than the date of	filing: (OPTION fic and cannot be more than five business days prior	
ocument's effective date on the Department of	et the applicable statutory filing requirements, this da State's records.	te will not be if
CLE VI: Other provisions, if any.		 _
REQUIRED SIGNATURE://		
KEODIKED SIGNATORES		
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	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida	Statutes.
I am aware that any false in	iformation submitted in a document to the Departmen	
constitutes a third degree for	clony as provided for in s.817.155, F.S.	
YUSUH L	awrence	~
•	Typed or printed name of signee	<u></u>
\$125.00 Filing Fee for Articles of Organ	Filing Fees:	<u> </u>
\$ 30.00 Certified Copy (Optional)	Filing Fees: nization and Designation of Registered Agent	
	nization and Designation of Registered Agent	792111. Z 16
\$ 5.00 Certificate of Status (Optional)	nization and Designation of Registered Agent	
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\$ 5.00 Certificate of Status (Optional)	nization and Designation of Registered Agent	