Division of Corporations Electronic Filing Cover Sheet

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(((H22000214422 3)))



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Email Address: CARLAHOZEBIN@YAHOO.COM

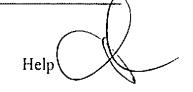
FLORIDA LIMITED LIABILITY CO.

Taming Teens LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLE I - Name:

H22000214422

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mited Liability Company is:				
	Tamin	g Teens LL(
	(Must end with the words '	Limited Liabilit	y Company, "L.L.C.,	" or "LLC.")	
ARTICLE II - Add The mailing address	dress: s and street address of the pri	incipal office of	the Limited Liability	Company is:	
Principal Office A	ddress:	Mailing Add	ress:		
204 Poinciana Sunny Isles Be	Island Dr each, FL 33160		Poinciana Islar iny Isles Beach,		2022 JUN
(The Limited Liabil another business er	egistered Agent, Registered lity Company cannot serve as ntity with an active Florida re Florida street address of the re Carla Hozebin	s its own Registe egistration.)	red Agent. You must		
		Name		- 3	ີ ເມ
	204 Poinciana Isla	and Dr			
	Florida street address (cceptable)		
	Sunny Isles Beacl	h FI	33160		
	City		Zip	_	
the place design capacity. I furthe	d as registered agent and to a nated in this certificate, I here or agree to comply with the pr d I am familiar with and acce	by accept the apportions of all sta	cointment as registere tutes relating to the p t of my position as reg	ed agent and agree to proper and complete p	act in this erformance

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED) Carla Hozebin

H22000214422

Carla Hozebin 204 Poinciana Island Dr Sunny Isles Beach, FL 33160 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (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.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.) Carla Hozebin	Title: "AMBR" = Authorized Member	Name and Address:				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 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.) REQUIRED SIGNATURE: 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.) Carla Hozebin	"MGR" = Manager AMBR	Carla Hozebin				
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