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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. LOVELI TEA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		TEA LLC	0.0 #110.00		
(Must contain t	he words "Limited Liabi	lity Company, "L.L	C.," of "LLC.")		
ARTICLE II - Address:					
The mailing address and street addre	ss of the principal office	of the Limited Liab	ulity Company is:		
Principal O	Mce Address:	Mailing Address:			
61 FIRST A	VENUE	61 FIRST AVENUE			
EAST ROCKAWA	AY, NY 11518	<u> </u>	EAST ROCKAWAY, NY 11518		
(The Limited Liability Company can another business entity with an activ	not serve as its own Reg e Florida registration.)	istered Agent. You			
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own Reg e Florida registration.) ress of the registered age	istered Agent. You nt are:	must designate an individual or		
(The Limited Liability Company can another business entity with an activ	not serve as its own Reg e Florida registration.) ress of the registered age	istered Agent. You nt are: TING SERVICES,	must designate an individual or		
(The Limited Liability Company can another business entity with an activ	not serve as its own Reg e Florida registration.) ess of the registered age INCORPORA Na	istered Agent. You nt are: TING SERVICES, me	must designate an individual or		
(The Limited Liability Company can another business entity with an activ The name and the Florida street addr —	not serve as its own Reg e Florida registration.) ess of the registered age INCORPORA Na	istered Agent. You nt are: TING SERVICES, me .ENWAY DR.	must designate an individual or		
(The Limited Liability Company can another business entity with an activ The name and the Florida street addr —	not serve as its own Reg e Florida registration.) ess of the registered age INCORPORA Na	istered Agent. You nt are: TING SERVICES, me .ENWAY DR.	must designate an individual or		

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..

/S/ Malissa A. Moreau, Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Mer "MGR" = Manager	nber
AMBR	DOUGLAS FLANK
	61 FIRST AVENUE
	EAST ROCKAWAY, NY 11518
AMBR	SHUPING LI
- 	61 FIRST AVENUE EAST ROCKAWAY, NY 11518
	ENST ROCKAWAT, NT 11518
•	
	
/11	.a
(Use attachment if necessary	
TEV ECCLE Line (Cashin	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days aft
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Filing Fees:

DOUGLAS FLANK Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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