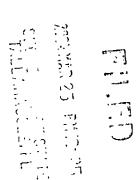
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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CAPITAL CONNECTION, INC.

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COVER LETTER

TO:	New Filing Se Division of Co							
SUBJI	TCT. TCTEQU	ILLA MANAGEMENT, I	J.I.C					
3000	BC. 1.	Name of Lir	nited Liabilit	y Company				
The en	iclosed Articles of	Organization and fee(s) ar	e submitted t	or filing.				
Please	return all corresp	ondence concerning this ma	atter to the fo	llowing:				
	Gregory W.	Coleman, Esq.						
			Name of I					
	Critton, Lut	tier, Coleman, LEP						
			Firm/Con	pany				
	303 Banyan	Boulevard, Suite 400						
		·	Addre	is				
	West Palm I	Beach, Fl. 33401						
			ity/State and	Zip Code				
	gcoleman@la	E-mail address; (to be used	for future an	anal report actiticati	ion)			
For times		oncerning this matter, please		adai report dodineae				
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		at ())	842-2820			;	
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≣ \$12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160,00 Fi Certificate of Certified Cop (additional cop	f Status &		ر
	New F Divisi P.O. B	ng Address Tiling Section on of Corporations tox 6327 assee, F1, 32314	N T 2	treet Address ew Filing Section Di he Centre of Tallaha 415 N. Monroe Strei allahassee, FL 3230	issec et, Suite 810			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability Company is:	
T6- TEQUILLA MANAGEMENT, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2790 N Federal Highway, Suite 201	Attn: Matt Addington
Boca Raton, FL 33331	2790 N Federal Highway, Suite 201
	Boca Raton, FL 33331
DELCU DUI. D	
The Limited Liability Company cannot serve as its own Region their business entity with an active Florida registration.)	istered Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Region their business entity with an active Florida registration.) the name and the Florida street address of the registered ages	istered Agent. You must designate an individual or
RTICLE III - Registered Agent, Registered Office, & Ro The Limited Liability Company cannot serve as its own Region their business entity with an active Florida registration.) the name and the Florida street address of the registered agent Gregory W. Coleman, Esc. Nat	istered Agent. You must designate an individual or nt are:
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) the name and the Florida street address of the registered ages Gregory W. Coleman, Esc.	istered Agent. You must designate an individual or not are:

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 of provided for in Chapter 605, F.S..

FL.

State

West Palm Beach

City

Registered Agent's Signature (REQUIRED)

33401

Zip

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>MGR</u> MATT ADDINGTON 2790 N FEDERAL HIGHWAY (Use attachment if necessary) 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. 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. Filing Fees:

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

\$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-