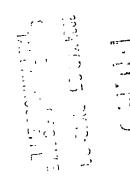
# L140001378153

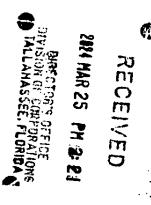
	(Requestor's Name)	·
_	(Address)	
	(Address)	<del></del>
····	(City)State (Tim Dhann	40
	(City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Nam	e)
	(22011000 21111) 112111	•,
	(Document Number)	
entified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400425631854







# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		l
TG Tequilla Ven	tures, LLC	<del></del> 1
Please Debit FCA	.0000000003 For: 125	
Thank you Seth N	leelev	
1-4-1	·	
		Art of Inc. File
		UTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		An, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	•	Courier

#### COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJEC	TG TEQU	ILLA VENTURES, LLC					
0.010170		Name of Lin	ited Liability Company	,			
The encl	osed Articles of	Organization and fee(s) are	submitted for filing.				
Please re	turn all correspo	ondence concerning this ma	tter to the following:				
		RASKER, ESQ					
			Name of Person				
	THE LAW (	OFFICE OF PAUL A. KRA	SKER, P.A.				
	<del></del>		Firm/Company				
	1615 FORU	M PLACE, 5TH FLOOR					
			Address				
	WEST PAL	M BEACH, FL 33401					
	AMURPHY@	Ci KRASKERLAW.COM	ty/State and Zip Code				
		E-mail address: (to be used	for future annual report	notification)			
For further	r information co	ncerning this matter, please	call:				
		shy Snowden 56	515-4722				
	Nam	e of Person Ar	ea Code Daytime	Felephone Number			
Enclosed	l is a check for the	he following amount:				;	* -
<b>≣\$125,</b> 0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing F Certified Copy (additional copy is end	Certif closed) Certifi	0.00 Filing Fee, icute of Status & ed Copy had copy is enclose	_ i' ed) <sup>)</sup>	
					<i>:</i> ,		
	New F Division P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314	The Centre of	ection Division of Tallahassee nroe Street, Suite 81	0		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TG TEQUILLA VENTURES, L	LC
(Must contain the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address: we mailing address and street address of the <u>Principal Office A</u>	e principal office of the Limited Liability Company is:  ddress:  Mailing Address:
e mailing address and street address of the	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

THE LAW OFFICE O	F PAUL A. KRA	SKER, P.A.
	Name	
1615 FORUM PLACE	, 5TH FLOOR	
Florida street address (	P.O. Box <u>NOT</u> a	cceptable)
WEST PALM BEACH	FL	33401
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 a

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<u>MGR</u>	LEILA GREGORY 2221 S FLAGLER DRIVE WEST PALM BEACH, FL 3	3401
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be sp he date of filing.) Note: If the date inserted in this block does not r the document's effective date on the Department	ecific and cannot be more than fi meet the applicable statutory filing	ve business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
required signature:	·	5 i
Signature of a me	ember or an authorized represen	tative 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.

PAUL A. KRASKER

Typed or printed name of signee

## 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)