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☐ PICK-UP

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DIVISION OF CORPORATIONS
15 JAN 28 PM 2:27
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2015 JAN 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. C. Cullen

JAN 29 2015

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

TANGLEWOOD ASSOCIATION GROUP, LLC

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☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ LLC

Formation

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

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Verifier

W.P. Verifier

☐ Amendment

☐ Dissolution/Withdrawal

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☐ Annual Report

☐ Name Registration

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Order#:

9240739

Ref#:

Amount: \$

1/28/2015

KM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TANGLEWOOD ASSOCIATION GROUP, LLC
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:

Joshua L. Dubin
Name of Person

Joshua L. Dubin, P.A.
Firm/Company

17701 Biscayne Blvd., Suite 201
Address

Avventura, FL 33180
City/State and Zip Code

jdubin@dubinpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Miller at (305) 918-1818
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TANGLEWOOD ASSOCIATION GROUP, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

17701 Biscayne Blvd., Suite 201
Aventura, FL 33160

17701 Biscayne Blvd., Suite 201
Aventura, FL 33160

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:

Joshua L. Dublin

Name

17701 Biscayne Blvd., Suite 201

Florida street address (P.O. Box **NOT** acceptable)

Aventura

City

FL 33160

Zip

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Tanglewood Management, LLC

17701 Biscayne Blvd., Suite 201

Aventura, FL 33160

(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.)

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.)

Joshua L. Dubin

Typed or printed name of signer

Filing Fee:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA