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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	International Tax Advisory, LLC Name of Lin	nited Liability Company	
	d Articles of Organization and fee(s) ar	•	
ب	Andrew Berger	Name of Person	
-		Firm/Company	
	233 S. Federal Highway, Apt. 513	Address	
J	Boca Raton, FL 33432	ity/State and Zip Code	
	`	d for future annual report notification)	
	nformation concerning this matter, plea		
Andrew Be	Name of Person	Area Code Daytime Telephone N	umber
Enclosed is a	a check for the following amount:		
□ \$125.00 Fili	Ing Fee \$\Bar{2}\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certif	00 Filing Fee, ficate of Status & fied Copy fied 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	5 APR 21 AM 9-1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
International Tax Advisory, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or	"LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Con	npany is:		
Principal Office Address:	Mailing Address:			
223 S. Federal Highway, Apt. 513 Boca Raton, FL 33432	223 S. Federal Highway, A Boca Raton, FL 33432			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered as	egistered Agent. You must desi	e: gnate an ind	lividua	l or
_	gent are:			
Andrew Berger Name				
223 S. Federal Highway, Apt. 5 Florida street address (P.O. Box	NOT acceptable)			
Boca Raton	FL 33432			
City	Zip			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblice. Chapte Registered Agent's Signature.	the appointment as registered ag f all statutes relating to the propa gations of my position as registe r 605, F.S	gent and agreer and comp	ee to ad lete pei	ct in this rformance
(CONTINUE	D)	, Color	*****	
Page 1 of 2		SEKNENAR? OF 38 ALEMBASSEE, FLO	15 APR 21 AH 9:	and desired to the second seco

<u>Title:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Augustus Dannau
AMBR	Andrew Berger 223 S. Federal Highway, Apt, 513
	Boca Raton, FL 33432
	BOCA RATON, FE 33432
Use attachment if necessary)	
ctive date is listed, the date must be filing.)	ate of filing:
ctive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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ctive date is listed, the date must be f filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE	specific and cannot be more than five business days prior to or 9
Cive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE	specific and cannot be more than five business days prior to or 9
CVI: Other provisions, if any. REQUIRED SIGNATURE Signature of a (In accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
CVI: Other provisions, if any. EVI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation with section and section accordance with section constitutes an affirmation with section accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
Signature of a (In accordance with section constitutes an affirmation unlimber any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
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