

L20000056750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

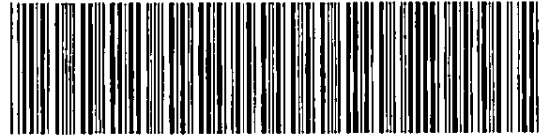
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB 24 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

FEB 25 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 189838 109203A
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : February 24, 2020
ORDER TIME : 9:56 AM
ORDER NO. : 189838-005
CUSTOMER NO: 109203A

DOMESTIC FILING

NAME: TLS 007, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: _____
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:

STEVEN R. AMSTER, ESQ.

Name of Person

KODSI LAW FIRM, P.A.

Firm/Company

1000 N. HIATUS ROAD, SUITE 103

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

samster@kodsilawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN R AMSTER 954 771-8277 EXT 111

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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TLS 007, LLC

(Must contain 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:

1036 BUCIDA ROAD
DELRAY BEACH, FL 33483

1036 BUCIDA ROAD
DELRAY BEACH, FL 33483

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:

KODSI LAW FIRM, P.A.
Name

1000 N. HIATUS ROAD, SUITE 103
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33026
City State 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.

KODSI LAW FIRM, P.A.

By Steven R. Amster

Registered Agent's Signature (REQUIRED)

STEVEN R. AMSTER

(CONTINUED)

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:
TONY J LEWIS
1036 BUCIDA ROAD
DELRAY BEACH, FL 33483

MGR

STASHA LEWIS
1036 BUCIDA ROAD
DELRAY BEACH, FL 33483

SECRETARY OF STATE
TALLAHASSEE, FL

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(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:

Steven R. Amster

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.

STEVEN R. AMSTER, AUTHORIZED REPRESENTATIVE

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)

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samster@kodsilawfirm.com

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STEVEN R AMSTER 954 771-8277 EXT 111

Name of Person at () Daytime Telephone Number

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