

Apr 05 2024 9:19am
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Sosme Fax

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2024 APR 5 10:38

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I2020000102
Phone : (954)998-1035
Fax Number : (954)573-1480

TALLAHASSEE, FLORIDA
2024 APR -5 PM 2:45
FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
TAGANGA INTERNATIONAL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: TAGANGA INTERNATIONAL 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:

GIKLI RAUL ESCARRAGA MANIGUA
Name of Person

TAGANGA INTERNATIONAL LLC
Firm/Company

4626 HOLLYWOOD BLVD
Address

HOLLYWOOD FL 33021
City/State and Zip Code

raulmilio70@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIKLI ESCARRAGA 954 998-1035
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2024 APR -5 PH 2: 46

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAGANGA INTERNATIONAL LLC

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

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

4626 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

Mailing Address:

4626 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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:

GIKLI RAUL ESCARRAGA MANIGUA
Name

4626 HOLLYWOOD BLVD
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD FL 33021
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.

Gikli Escarraga
Registered Agent's Signature (REQUIRED)

(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

Name and Address:

MANAGER

GIKLI RAUL ESCARRAGA MANIGUA
4626 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

MANAGER

MARIA ANGELICA MALDONADO GUTIERREZ
4626 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

(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:

Gikli Escarraga

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.

GIKLI ESCARRAGA MANIGUA

Typed or printed name of signee

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2024 APR -5 PM 2:46
TALLAHASSEE FLORIDA

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)