

201000014071

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**SUBJECT: Killiri Tax Services, LLC**

Enclosed is an original and one (1) copy

Filing fee for articles of organization of Florida Limited Liability Company

\$100.00 Filing fee for Articles of Organization  
\$5.00 for Certificate of Status

From: Renee' Killiri  
1103 W. Riviera Blvd.  
Oviedo, FL 32765  
407-366-0614

000004527220--0  
-08/09/01--01058--009  
\*\*\*\*\*105.00 \*\*\*\*\*105.00

000004527220--0  
-08/21/01--01006--023  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

W01-18583

201-14071

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 AUG 21 AM 9:10

FILED

WR8/22

3P



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 13, 2001

RENEE' KILLIRI  
1103 W. RIVIERA BLVD.  
OVIEDO, FL 32765

SUBJECT: KILLIRI TAX SERVICES, LLC  
Ref. Number: W01000018583

We have received your document for KILLIRI TAX SERVICES, LLC and check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 701A00046202

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*Killiri Tax Services, L.L.C.*

## ARTICLE II - Address:

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

*1103 West Riviera Blvd.  
Oviedo, FL. 32765*

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

*Renee L. Killiri*  
Name  
*1103 West Riviera Blvd*  
Florida street address (P.O. Box **NOT** acceptable)  
*Oviedo, FL 32765*  
City, State, and 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 608, F.S..*

*Renee L. Killiri*  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Renee L. Killiri*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*Renee L. Killiri*  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)