

U3000031979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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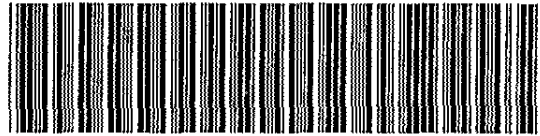
(Business Entity Name)

(Document Number)

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U3-31979
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON TAX AND FINANCIAL SERVICES, 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:

DONALD W. MARTYNY
(Name of Person)

(Firm/Company)

2615 SILVER RIVER TRAIL
(Address)

ORLANDO, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD W. MARTYNY at (407) 380-6355
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: AVALON TAX AND FINANCIAL SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2615 SILVER RIVER TRAIL
ORLANDO, FL 32828

Mailing Address:

2615 SILVER RIVER TRAIL
ORLANDO, FL 32828

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

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

DONALD W. MARTINY
Name

2615 SILVER RIVER TRAIL
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32828
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..

Donald W. Martiny
Registered Agent's Signature

(CONTINUED)

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CLERK OF CIRCUIT COURT
JUL 12 2012

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DONALD W. MARTINY
2615 SILVER RIVER TRAIL
ORLANDO FL 32832

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Donald W. Martiny
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.)

DONALD W. MARTINY
Typed or printed name of signee

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA