

L0500004/460

2005 APR 27 A 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

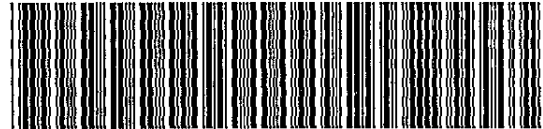
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W05-19065

Office Use Only



800049562908

04/13/05--01030--028 **160.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert C. Mitchell
PO Box 7767
Wesley Chapel, FL 33544-0114
Telephone 813-997-4245

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

April 3, 2005

Re: Formation of Tabogi, Single Member Limited Liability Company

Dear Sir or Madame,

I have enclosed please find the Articles of Organization for the Single Management Limited Liability Company, 'Tabogi, SMLLC,' along with a check for \$160.00 to cover the Filing Fee, a Certified Copy, and a Certificate of Status.

Thank you for your cooperation.

Sincerely,

Robert C. Mitchell



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2005

ROBERT C. MITCHELL
P.O. BOX 7767
WESLEY CHAPEL, FL 33544-0114

SUBJECT: TABOGI, SINGLE MEMBER LIMITED LIABILITY COMPANY
Ref. Number: W05000019065

We have received your document for TABOGI, SINGLE MEMBER LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 905A00025642

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Tabosi, Single Member Limited Liability Company
(Name of Limited Liability Company)

2005 APR 27 A 8:02
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Mitchell
(Name of Person)

Tabosi, Single Member Limited Liability Company
(Firm/Company)

30422 Birdhouse Dr., Wesley Chapel FL
(Address)

Wesley Chapel FL 33544
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Mitchell at (813) 997-4245
(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)

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

Mailed
ON
April
2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Taboiti, Single Member Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

30422 Birdhouse Dr.
Wesley Chapel
Florida 33544

P.O. Box 7767
Wesley Chapel
Florida 33544-0767

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

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

Robert C. Mitchell
Name

30422 Birdhouse Dr.
Florida street address (P.O. Box **NOT** acceptable)
Wesley Chapel FL 33544
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..


Registered Agent's Signature

(CONTINUED)

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:

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Manager

Robert Charles Mitchell
30422 Birdhouse Dr
Wesley Chapel FL 33554
2005 JUN 17 A 8:02
CLERK OF STATE
FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert C. Mitchell
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.)

Robert C. Mitchell
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)