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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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TRANSMITTAL LETTER

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TO: Registration So		- 1,	
SUBJECT: Tax Pro	Income Service, LLC		
		d Liability Company)	
	f Organization and fee(s) are so		
Please return all corresp	ondence concerning this matte	r to the following:	
	Jim Westerhoff		
		Name of Person)	
	To Doo lease of	0	TASE OF T
	Tax Pro Income Ta	ix Service Firm/Company)	
	`	. •/	55 S
	3530 1st Ave. No.	Suite 113-117	JULI 18 PM 2: 0
	0000 13t AVC, No.	(Address)	
			を記し
	St. Petersburg, FL	33713 -	,
		State and Zip Code)	
For further information	concerning this matter, please	call:	
Jim Westerhoff		at (727) 322-2644	
(Name	of Person)	at (727) 322-2644 (Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:	•• •••	-
☐ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
Tax Pro Income Tax Service, LLC	And the second s
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3530 1st Ave. No.	3530 1st Ave. No.
Suite 113-117	Suite 113-117 83 70
St. Petersburg, FL 33713	St Petershum Fl 33713
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
.lim	Westerhoff
	Name
3530 1st Av	re. No. Suite 113-117
Florida s	treet address (P.O. Box NOT acceptable)
St. Pet	ersburg FL 33713
City	, State, and Zip
Having been named as registered agent	and to accept service of process for the above stated limited

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:

"MGR" = Manager "MGRM" = Managing Member		
MGRM	Jim Westerhoff	₹.
	2701 34th St. No. Apt. 226	٠.
	St. Petersburg, FL 33713	
MGR	Pat Murrell	
	1332 Pasadena Ave. So. Apt. 401	
	So. Pasadena, FL 33707	
	<u> </u>	٠.
	ASECO JUL	•
 		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
i/		

(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.)

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)