## 06000049224

(Re	equestor's Name)	
(Ac	ddress)	
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·	· 	
(Ci	ty/State/Zip/Phone #	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	<u>.</u>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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DIVISION OF CORPORATIONS

OF MAY -3 PM 2: 56

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Tag D	esign LLC		and the state of t
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Andrew T	agliamonte	•	
		Name of Person)	
			98 H
		Firm/Company)	7
100 Bay	view Drive, Suite	2023	06 MAY -3 PM 2: 56
<u> </u>		(Address)	7
Sunny le	les Beach, FL 3	3160	ري رئ
Suriny is	····	/State and Zip Code)	
	(0.1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For further information	concerning this matter, please	call:	
Andrew Taglia	monte	at (305 ) 359-53	80
	of Person)	(Area Code & Daytime T	
Enclosed is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Tag Design LLC Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 Bayview Drive, Suite 2023 Sunny Isles Beach, FL 33160	Same
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re  Andrew Tagliamonte  Name	G COR
100 Bayview Drive, Suit	e 2023
	ress (P.O. Box <u>NOT</u> acceptable)
Sunny Isles Beach, City, State, as	FL 33160 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited in accept the appointment as in a certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Title:		Name and Address:	
"MGR" = Man	~		
"MGRM" = Ma	anaging Member		
MGRM		Andrew Tagliamonte	
	<del>_</del>	100 Bayview Drive, Suite 2023	
		Sunny Isles Beach, FL 33160	
MGRM		Marisa Stiberman	
		100 Bayview Drive, Suite 2023	
		Sunny Isles Beach, FL 33160	
			-
			····
(Use attachmen LE V: Effective		e date of filing: (0	OPTION.
LEV: Effective	e date, if other than the isted, the date must l	e date of filing: (0 be specific and cannot be more than five bus	OPTION. siness da
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LE V: Effective ffective date is l days after the o	e date, if other than the isted, the date must l late of filing.)	e date of filing: (6) be specific and cannot be more than five bus	OPTION. siness da
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ARTICLE IV- Manager(s) or Managing Member(s):