<del></del>			
	(Requ	uestor's Name)	
<u></u>	(Addr	ess)	
	(Addr	ess)	<del></del>
	(0): "	o	
	(City/S	State/Zip/Phon	e #)
PICK-U	Р	☐ WAIT	MAIL
	(Busin	ness Entity Na	me)
			•••
	(Docu	iment Number)	1
Certified Copies		Certificate	s of Status
Special Instruction	s to Fil	ling Officer:	

Office Use Only



900075943299

06/07/06--01026--003 \*\*160.00

06/15/06

SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN JUN 1 2 2006

## **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJI	ECT: Tayar	Accounting and Fir	nancial Services, LL d Liability Company)	_C.
		(14ame of Limite	d Diability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	George T	avar		
	<u> </u>		Name of Person)	
•				•
		(	Firm/Company)	
	12666 N\	N 12 Court		06 JUN - 7 PH
			(Address)	- Ex
	Sunrise,	Florida 33323		ب ا
		(City.	/State and Zip Code)	H
For fur	ther information	concerning this matter, please	call:	7:59
Geo	rge Tayar		at (954) 294-84	
	(Name	of Person)	(Area Code & Daytime 7	Telephone Number)
Enclos	sed is a check fo	or the following amount:		•
S125	5.00 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COM	PANYA
ARTICLE I - Name: The name of the Limited Liability Company is	:	FILED ST FOR CORPOR
Tayar Accounting and Financial Services,	LLC.	可翻
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")	9 35
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
12666 NW 12 Court	12666 NW 12 Court_	
Sunrise, Florida 33323	Sunrise, Florida 33323	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an individual or anothe	
George Tayar		D/o / 5 /o C
Name		10100
12666 NW 12 Court Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)	
Sunrise, Florida 33323 City, State,	FL 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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

MGRM		George Tayar 12666 NW 12 Court Sunrise, Florida 33323	06 JUN -
	_		
			PM 1: 53
	_		
	_		
(Use attachment if	fnecessary)		
ffective date is liste	ed, the date must	e date of filing: June 15th 2006 be specific and cannot be more than fiv	
days after the dat	e or ming.)		

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.)

George Tayar

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)