

LO7000089092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

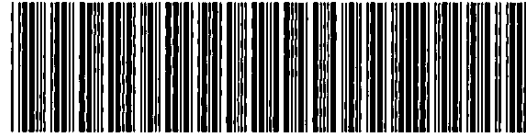
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DIVISION
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tigs Tigers, LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

WL *8/30* *9:00*

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

FOR

TIGSTIGERS, LLC

ARTICLE I - Name

The name of this Limited Liability Company is:

TigsTigers, L.L.C.

ARTICLE II - Address

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

ADDRESS

6450 Kingdom Ave
Port St. John, FL 32927

ARTICLE III - Managing Member

This is a single-member Limited Liability Company. The name and address of the managing member is:

NAME

ADDRESS

Diana Lynn Knapp

6450 Kingdom Ave
Port St. John, FL 32927

ARTICLE IV - Registered Agent And Office And Registered Agent's Signature

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

NAME

ADDRESS


Diana Lynn Knapp

6450 Kingdom Ave
Port St. John, FL 32927

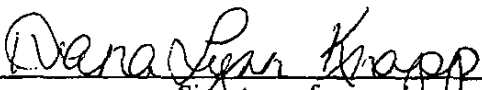
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Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.



Diana Lynn Knapp, Registered Agent



Signature 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.)

Diana Lynn Knapp, Managing Member
(Typed or printed name of signee)