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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

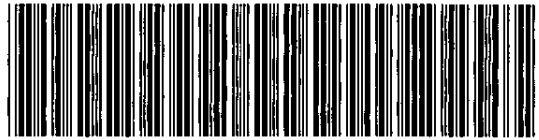
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TALENTED TRADERS LLC**  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

**KEVIN MYERS**

(Name of Person)

**Kevin L Myers LLC**

(Firm/Company)

**17736 DEER ISLE CIRCLE**

(Address)

**WINTER GARDEN, FL 34787**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KEVIN MYERS**

(Name of Person)

at ( **407** ) **654-0314**

(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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TALENTED TRADERS LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

8825 AD MIMS RD  
ORLANDO, FL 32818

**Mailing Address:**

8825 AD MIMS RD  
ORLANDO, FL 32818

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**KEVIN MYERS**

Name

**17736 DEER ISLE CIRCLE**

Florida street address (P.O. Box **NOT** acceptable)

**ORLANDO, FL 34787**

City, State, and Zip

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**TALLAHASSEE FLORIDA**

*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)

**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:**

MGRM

REYNOLD SUKAL

644 AUTUMN OAKS LOOP

WINTER GARDEN, FL 34787

MGRM

SEERAJ D. DHORAY

1219 JAYHIL DR

MINNEOLA, FL 34715

MGRM

GEORGE SMITH

143 COOPER COURT

ORLANDO, FL 32835

MGRM

DEONARINE SINGH

2824 CABERNET CIRCLE

OCOE, FL 34761

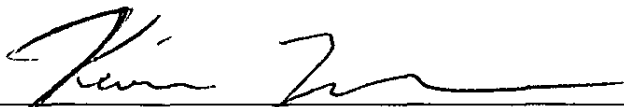
see attached

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

**KEVIN MYERS**

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)

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TALLAHASSEE FLORIDA

**Attachment**

**Title**

**Name and Address:**

MGRM

Pearline Ganganna-Jivraj  
17700 Deer Isle Circle  
Winter Garden, Fl 34787

MGRM

Raphael Samuel  
8359 Willowwood Street  
Orlando, Fl 32818

MGRM

Bhagwandeem Naraine  
992 N. Jacks Lake Rd  
Clermont, Fl 34711

MGRM

Sharon Naraine  
992 N. Jacks Lake Rd  
Clermont, Fl 34711

MGRM

Thomas A. Smith  
7814 Falabella Court  
Orlando, Fl 32818

MGRM

Dawn Petgrave  
7372 Lazy Hill Dr  
Orlando, Fl 32818

MGRM

Joan Gardiner  
7013 Hiawassee Oak Dr  
Orlando, Fl 32818

MGRM

Sandra L. Bryant  
6415 Sagewood Drive  
Orlando, Fl 32818

MGRM

Sheryll Petgrave  
7372 Lazy Hill Rd  
Orlando, Fl 32818

MGRM

Aston Williams  
1976 Aspen Ridge Court  
Ocoee, Fl 34761

**Attachment**

<b>Title:</b>	<b>Name and Address:</b>
MGRM	Philip Hicks 5547 Remsen Cay Lane Windermere, Fl 34786
MGRM	Annette Hicks 5547 Remsen Cay Lane Windermere, Fl 34786
MGRM	Marvis Fletcher 3635 Park Green Court Tavares, Fl 32778
MGRM	Desmond Langton P.O. Box 915451 Longwood, Fl 32791-5451
MGRM	Drupattie Deonarine 814 Burland Circle Winter Garden, Fl 34787
MGRM	Kevin Myers 17736 Deer Isle Circle Winter Garden, Fl 34787