

L09000043474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

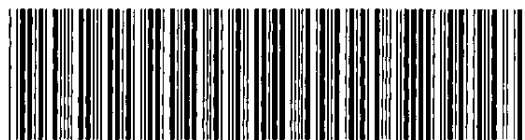
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/09--01002--009 **125.00

RECEIVED
09 MAY - 5 PM 4:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 5/4/09

FILED
09 MAY - 5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 6 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 05/05/09

REF. #: 001554.103942

CORP. NAME: KAUL TAX INVESTMENTS, LLC

* Please note
effective date
of 5.4.09.
Thanks!

FILED
09 MAY -5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 5/4/09

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530186 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

EFFECTIVE DATE 5/4/09

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is KAUL TAX INVESTMENTS, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 201 N. Armenia Ave., Tampa, FL 33609.

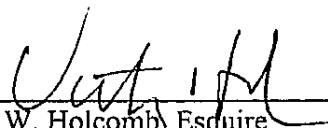
**ARTICLE III
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of May 4, 2009.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE,
AND RESIDENT AGENT'S SIGNATURE**

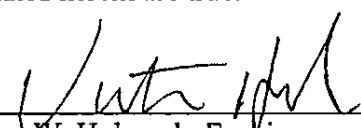
The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Avenue, Tampa, Florida, 33609.

Having been named as registered agent and to accept service of process for the above-named 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 provision 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.



Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Victor W. Holcomb, Esquire

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