

L090UU109957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

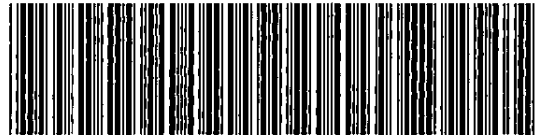
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800162581568

11/12/09--01025--009 **125.00

EFFECTIVE DATE 11/4/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 12 AM 9:59

B. KOHR

NOV 17 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

EFFECTIVE DATE 11/4/09

SUBJECT: ASH & TAH 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:

FILED STATE
SECRETARY OF CORPORATIONS
09 NOV 12 AM 9:59

Kim Helm
Name of Person

Firm/Company

8297 SE Country Estates Way
Address

Jupiter, FL 33458
City/State and Zip Code

sundwn3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Helm at (561) 744-7496
Name of Person 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:

ASH & TAH 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:

Mailing Address:

8297 SE Country Estates Way
Jupiter, FL 33458

PO Box 3967
Tequesta, FL 33469

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:

Kim Helm

Name

8297 SE Country Estates Way

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

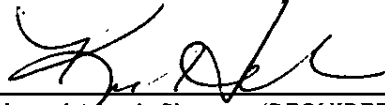
Jupiter, FL 33458

City, State, and Zip

EFFECTIVE DATE 11/4/09

FILED IN STATE
DIVISION OF CORPORATIONS
NOV 12 AM 9:59

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

Tera Helm

8297 SE Country Estates Way

Jupiter, FL 33458

MGRM

Andrew Helm

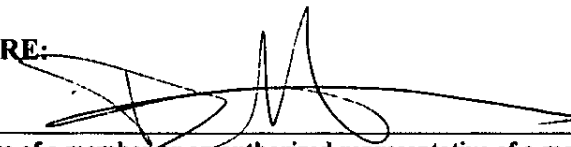
8297 SE Country Estates Way

Jupiter, FL 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Nov. 4, 2009. (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.)

Andrew Helm

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)