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	(Requestor's Name)
	(Address)
	(Address)
- -·	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:

EXAMINER

L. SELLERS

JAN - 7 2010

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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	TAG F	Realty	Services, LL0	C
		Name of Limit			
The en	closed Articles of	Organization and fee(s) are	submitt	ed for filing.	•
Please	return all correspo	ondence concerning this mat	ter to th	e following:	
				Howell of Person	
			, and	71 1 0130.11	
		TAG R	<u>_</u>	Services, LLC Company	
			ringe	ompany	
		1661 W		sburg Square	
			Au	uress	
				, FL 33803	
				and Zip Code	
	·	E-mail address: (to be used to	or future	@yahoo.com annual report notificati	on)
For fur	ther information o	concerning this matter, please	e call:		
	Joe	l Howell	_ at (321)	777-1901
	Name o	of Person		Area Code & Daytime	Telephone Number
Enclos	sed is a check for	r the following amount:			
] \$125.	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	— Ce	55.00 Filing Fee & ertified Copy ditional 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations ater Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TAG Realty Ser (Must end with the words "Limited Liabil	vices, LLC lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1661 Williamsburg Square akeland, FL 33803	1661 Williamsburg Square Lakeland, FL 33803
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Joel Ho	owell
Name	
1661 Williamst	
Florida street address (P.O.	Box NOT acceptable)
Lakeland City, State, a	FL 33 803 nd Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	FILED SECRETARY OF ALLAHASSEE FI

(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:

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:		
MGR		Joel Howell 1982 Cato Court Indialantic, FL 32903		
				- -
			- 1	- - -
(Use attachmen	it if necessary)			- -
LE V: Effective fective date is I days after the	e date, if other than the isted, the date must be date of filing.)	date of filing:e specific and cannot be more than five b	(OPTIO	ONA
LE V: Effective fective date is I days after the	e date, if other than the isted, the date must be date of filing.)	date of filing: e specific and cannot be more than five b	(OPTIC ousiness	- ONA day
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LE V: Effective fective date is I days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with second	e specific and cannot be more than five be or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	ousiness -	- ONA i day
LE V: Effective fective date is I days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document const that the facts stated her	e specific and cannot be more than five be or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Joel Howell	ousiness -	– ONA day
LE V: Effective fective date is I days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document const that the facts stated her	e specific and cannot be more than five by or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjuration are true.)	ousiness -	- - ONA 6 day
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