

LID000056133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

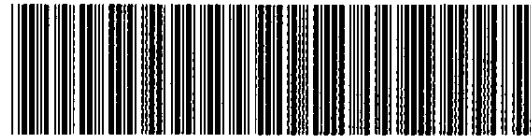
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200181179432

05/24/10--01013--001 **130.00

~~05/24/10--01013--001 **130.00~~

FILED
2010 MAY 24 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 25 2010

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Tabono Realty Advisors Limited Liability Company
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:

Casper J. Maier

Name of Person

Tabono Realty Advisors Limited Liability Company

Firm/Company

1110 Southwest 31st Street

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

casper_maier@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Maier

Name of Person

at (954)

522-1494

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 24 PM 2:13

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tabono Realty Advisors Limited Liability Company, L.L.C

(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:

1110 SW 31 St. Street

Fort Lauderdale, FL 33315

Mailing Address:

1110 SW 31st

Fort Lauderdale, FL 33315

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:

Casper Maier

Name

1110 SW 31 St Street

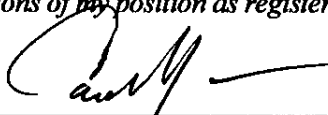
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

FL 33315

City, State, and Zip

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)

Page 1 of 2

FILED
2010 MAY 24 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Casper Maier

1110 SW 31st Street

Fort Lauderdale, FL 33315

MGRM

Debra Maier

1110 SW 31st Street

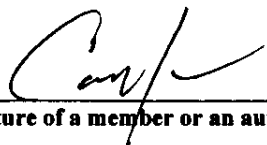
Fort Lauderdale, FL 33315

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/18/10. (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.)

Casper Maier

Typed or printed name of signee

2010 MAY 24 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)