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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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300185715933

Effective Date 01/01/11

09/23/10--01031--008 **130.00

FILED
10 OCT -1 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WI-44761

J. BRYAN

OCT -1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foundation Tax Services, 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:

Tanya Mauro

Name of Person

Firm/Company

225 Water Street STE 2100

Address

Jacksonville, FL 32202

City/State and Zip Code

tmauro@onlineffg.com

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

For further information concerning this matter, please call:

Tanya Mauro

Name of Person

at (904) 861-0703

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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10 OCT -1 PM 1:03
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2010

TANYA MAURO
225 WATER STREET STE 2100
JACKSONVILLE, FL 32202

SUBJECT: FOUNDATION TAX SERVICES, LIMITED LIABILITY COMPANY
Ref. Number: W10000044761

FILED
OCT - 1 PM 1:03
TALLAHASSEE, FLORIDA

We have received your document for FOUNDATION TAX SERVICES, LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 23, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 510A00022769

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foundation Tax Services, 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:

13873 Bella Riva Lane

Jacksonville, FL 32225

Mailing Address:

13873 Bella Riva Lane

Jacksonville, FL 32225

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:

Effective Date 01/01/11

Kris Williams
Name

348 Sunset Ct

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

Saint Johns FL 32259
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..

Kris Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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

Paul V Scott
13873 Bella Riva Lane
Jacksonville, FL 32225

MGRM

Kris S Williams
348 Summerset Ct
Saint Johns, FL 32259

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2011. (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.)

Paul Scott

Typed or printed name of signer

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)