

L11000016543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

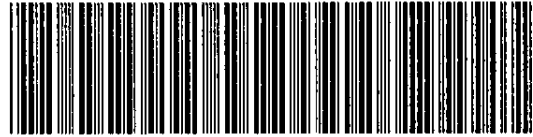
Special Instructions to Filing Officer:

A. LUNT

FEB - 8 2010

EXAMINER

Office Use Only



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02/04/11--01018--027 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB -4 PM 3:57

FILED

TEZCO, LLC

375 Emerson Plaza, Unit 816
Altamonte Springs, Florida 32701
Ph: (407)-497-4757 / F: (407)-682-1759

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Cover Letter

January 28, 2011

To Whom It May Concern:

Kindly review the attached certificate of formation and accept the enclosed money order for our filing fee, certificate of status, and certified copy. The money order attached is in the amount of \$160.00. I have filed the forms attached and certify that the information contained therein is true and furthermore certify that I am the authorized party to sign as registered agent and authorized member of TEZCO, LLC.

If there are any questions related to the documents contained herein, please feel free to contact me at the phone number or address above.

Sincerely,

Justina Rudez
President
TEZCO, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEZCO, 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:

Justina Rudez
Name of Person

TEZCO, LLC
Firm/Company

375 Emerson Plaza Unit 816
Address

Altamonte Springs, Florida 32701
City/State and Zip Code

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

For further information concerning this matter, please call:

Justina Rudez at (407) 497-4757
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TEZCO, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

TEZCO, LLC., att: Justina Rudez

375 Emerson Plaza Unit 816

Altamonte Springs, Florida 32701

Mailing Address:

TEZCO, LLC., att: Justina Rudez

375 Emerson Plaza Unit 816

Altamonte Springs, Florida 32701

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:

Justina Rudez

Name

375 Emerson Plaza Unit 816

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

Altamonte Springs FL 32701

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 60S, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRJustina Rudez, President375 Emerson Plaza Unit 816Altamonte Springs, Florida 32701MGRMSandy Rudez, Vice President375 Emerson Plaza Unit 816Altamonte Springs, Florida 32701MGRMChristopher Rudez, Associate Vice President375 Emerson Plaza Unit 816Altamonte Springs, Florida 32701MGRMTanya Rudez, Associate Vice President375 Emerson Plaza Unit 816Altamonte Springs, Florida 32701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Justina Rudez

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)

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