L110000021383

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Comes Line)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

EFFECTIVE DATE 02/10/11



500194384775

02/17/11--01018--016 **130.00



D. BRUCE

FEB 18 2011

EXAMINER

COVER LETTER

	egistration ivision of	n Section Corporations	;					
SUBJECT	. TaS	o LLC						
		Name of Limit	ed Liability Com	ipany		*********		
The enclos	sed Articles	s of Organization and fee(s) are	submitted for fili	ing.				
Please retu	ırn all corre	espondence concerning this mat	ter to the following	ng:				
<u>Li</u>	sa R.	Maas		····			·····	
		••	Name of Person					
S	mall B	usiness Alternative	es Inc.					
	•		Firm/Company					
5	57 We	st 8th Street	· · · · · · · · · · · · · · · · · · ·					
			Address			≥	=======================================	
<u>Eri</u>	e PA	16502					133	7
			y/State and Zip Co	de	2	AAR S		-
lisa	a@sbac	erie.com E-mail address: (to be used	for future annual re	enort notification)	, L	1 <u>~</u>		, -
m a				port nouncation)	<u>+</u> [(r	 લું	_
For further	' informatio	on concerning this matter, please	e call:		RID	"	 20	
Lisa R I	Maas		at (814	, 459-9055	Ä	(3)		
	Nar	ne of Person		de & Daytime Telep	ohone Number			
Enclosed	is a check	for the following amount:						
		\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$160.00 Fili Certificate o Certified Co (additional cop	f Statu py	1S &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton	Courier Address ation Section on of Corporations Building executive Center C				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
TaSo LLC				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
601 NE 36th Street Apt 2610	601 NE 36th Street Apt 2610			
Miami, FL 33137	Miami, FL 33137			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reliable Lisa R Maas	ered Agent. You must designate an individual or mother			
Name	רבו בה ס _{נוו} י			
260 Ocean Drive	Apt 20 🛱 🙀 🔘			
Florida street add	ress (P.O. Box NOT acceptable)			
Miami Beach	_{FL} 33139			
City, Sta	te, and Zip			
Having heen named as registered agent and to a	secont 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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR" = Manager MGRM" = Managing Member MGRM MGRM	Jacquelyn A Tariton 601 NE 36th Street Apt 2610 Miami, FL 33137
	601 NE 36th Street Apt 2610 Miami, FL 33137
MGRM	Miami, FL 33137
MGRM	
MGRM	
	Dawn M Sole .
	90 Alton Road Apt 1808
	Miami Beach, FL 33139
	···
	<u> </u>
 	
Use attachment if necessary) JE V: Effective date, if other than the date	e of filing: February 10, 2011 (OPTIONAL)
JE V: Effective date, if other than the date	e of filing: February 10, 2011 (OPTIONAL) ecific and cannot be more than five business days pri
LE V: Effective date, if other than the date ective date is listed, the date must be sp days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the date ective date is listed, the date must be sp days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the	an authorized representative of a member. 3(3), Florida Statutes, the execution of this document of penalties of perjury that the facts stated herein are found on submitted in a document to the Department of State.
LE V: Effective date, if other than the date ective date is listed, the date must be sp lays after the date of filing.) REQUIRED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the lam aware that any false informatic	an authorized representative of a member. B(3), Florida Statutes, the execution of this document on submitted in a document to the Department of State provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

. . . .

Date of this notice: 01-05-2011

Employer Identification Number:

27-4452696

Form: SS-4

Number of this notice: CP 575 B

TASO LLC
JACQUELYN A TARLTON MBR
601 NE 36TH ST APT 2610
MIAMI, FL 33137

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-4452696. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Num	per Best Time to Call	DATE OF THIS NOTICE:	01-05-2011	
() -		EMPLOYER IDENTIFICAT	ION NUMBER: 27-44526	9
		FORM: SS-4	NOBOD	

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

TASO LLC
JACQUELYN A TARLTON MBR
601 NE 36TH ST APT 2610
MIAMI, FL 33137