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EXAMINER
MAR 23 2011

COVER LETTER

Division of	Corporations			
SUBJECT: Ad	Valorem Propert	y Tax Consultants, LLC. Hability Company		
The enclosed Article	es of Organization and fee(s) are su	bmitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
	Jeffrey Bralovem Property	ame of Person Tax Consultants, LLC. irm.Company	_	
2708 NW 90th Terrace				
Gaines Ville, FL 32606 City/State and Zip Code jbrody @ cautaxusa.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jeffre Na	y Broon	Area Code & Daytime Telephone Number		
Enclosed is a check	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	· œ	
	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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Ad Valorem Property Tax (Must end with the words "Limited Liability Con	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
10600 Chevrolet Way Estero, FL. 33928 Ga	108 NW 90th Terrace Mesville, FL 32606
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius with an active Florida registration.)	
The name and the Florida street address of the register	red agent are:
Jeffrey Bro	dy ZZ
2708 W 90 th St Florida street address (F	O. Box NOT acceptable)
Gaine Sville FL City, State, and	32606 P
Having been named as registered agent and to accept liability company at the place designated in this ce- registered agent and agree to act in this capacity. I fu	rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all
statutes relating to the proper and complete perform accept the obligations of my position as registered	
Alum Will	
Registered Agent's Signature (Ri	eoured)

(CONTINUED)

REQUIRED SIGNATURE:

Signature of a member or migauthorized 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.)

Jeffrey Brody
Typed or printed name of signee

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)