

L11000084956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

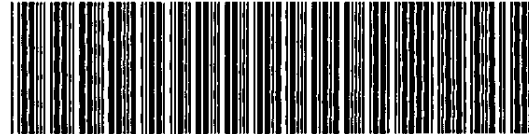
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 25 2011

EXAMINER

• Steve mandelbaum

105 lake vista Dr #1603

Ponte Vedra, FL 32082

301 602-7215

Steve.mandelbaum@gmail.com

Greetings,

I am interested in creating an LLC by the name
of Florida Tax accounting and business Services LLC.

Regards,

Steve mandelbaum

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Tax accounting and business services 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:

Steve Mandelbaum
Name of Person

Florida Tax accounting and business services LLC
Firm/Company

105 lake vista Dr #1603
Address

Ponte vedra Florida, 32082
City/State and Zip Code

Steve.mandelbaum@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve mandelbaum at (301) 602-7215
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Tax accounting and business Services LLC

(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:

105 lake vista Dr #1603
Ponte Vedra, FL 32082

Mailing Address:

105 lake vista Dr #1603
Ponte Vedra, FL 32082

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:

Name

Steve Mandelbaum 105 lake vista Dr #1603

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

105 Ponte Vedra FL 32082

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..

Steve Mandelbaum

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: **2011 JUL 22 AM 10:16**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Steve Mandelbaum
105 Lake Vista Dr #1603
Donte Vedra, FL 32082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/1/11. (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:

Steve Mandelbaum
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.)

Steve Mandelbaum
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)**