

L11000093845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

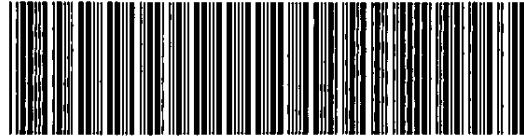
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B. KOHR

AUG 16 2011

EXAMINER



900210663619

08/03/11--01014--012 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 AM 11:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2011

TRACY COSTELLO
19052 S.W. 99TH AVENUE
CUTLER BAY, FL 33157

SUBJECT: AFFORDABLE ACCOUNTING SOLUTIONS LLC
Ref. Number: W11000041043

11 AUG 15 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for AFFORDABLE ACCOUNTING SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is AFFORABLE ACCOUNTING SOLUTIONS, INC. -- Document Number P09000007187.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 511A00018432

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TLC Affordable Accounting Solutions, LLC
Name of Limited Liability Company

**FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG 15 AM 11:04**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy L Costello

Name of Person

Firm/Company

19052 SW 99th Ave

Address

Cutler Bay, FL 33157

City/State and Zip Code

tracylynnward@comcast.net

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

For further information concerning this matter, please call:

Tracy Costello

Name of Person

at (**305**) **323-2907**

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:

TLC Affordable Accounting Soutions, LLC.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 AM 11:04

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

19052 SW 99th Ave
Cutler Bay, FL 33157

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:

Tracy L Costello

Name

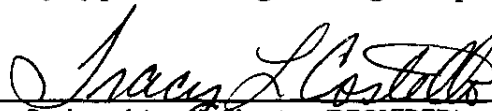
19052 SW 99th Ave

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

Cutler Bay FL 33157

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR _____

Tracy Costello _____

19052 SW 99th Ave _____

Cutler Bay, FL 33157 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/15/2011 (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. 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.)

Tracy L Costello

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)