	(Requestor's Name)	
	(Address)	·····
	(Address)	
 	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL .
, .	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status

Special Instructions to Filing Officer:

A. LUNT

JAN - 6 2011

EXAMINER

Office Use Only



500215630725

Am Here

01/04/12--01004--006 **125.00

COVER LETTER

TO: , Registration Section Division of Corporations	
•	
SUBJECT: TAG Management Gro	
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Greg Himmelmann	
	Name of Person
TAG Management Group,	LLC
	Firm/Company
1921 Vista Lakes Dr	
de la constitución de la constit	Address
Fleming Island FL 32003	
	y/State and Zip Code
greg.himmelmann@gmail.com	or future annual report notification)
For further information concerning this matter, please	•
Greg Himmelmann	at (904) 449-4614
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	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 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

' ·	
ARTICLES OF ORGANIZATION FOR	
ARTICLE I - Name:	
The name of the Limited Liability Company	S: SE F
	STATE OF THE PARTY
TAG Management Group, Ll	C Fig. 2
(Must end with the words "Limited Liz	bility Company, "L.L.C.," or "LLC.")
	The state of the s
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1921 Vista Lakes Dr	4004 Vista Laksa Da
	1921 Vista Lakes Dr Fleming Island FL 32003
Fleming Island FL 32003	Flettling Island FL 32003
business entity with an active Florida registration.) The name and the Florida street address of the Greg Himmelmann	e registered agent are:
Nam	ne
1921 Vista Lake	S Dr
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Fleming Island	_{FL} 32003
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	sture (REQUIRED)
rygistored right a bigi	mini - (red 40 reds)

(CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member		7017 TAC	
MGRM	Greg Himmelmann	ZOLIZ JANI SEGRELI	1
	1921 Vista Lakes Dr	表彰 し	-
	Fleming Island FL 32003	7.7.7.	7
		<u>ලැක</u> ආව ්	. C
		701 4	
		-73	
			
			
		<u> </u>	
(Use attachment if necessary)			

ARTICLE V: Effective date, if other than the date of filing: January 3, 2012 . (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.)

REOUIRED 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.)

Greg Himmelmann

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)