

L12000009483 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

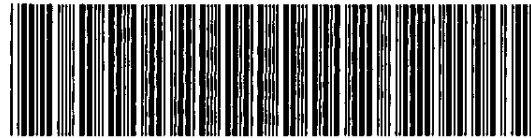
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/22/11--01020--018 **180.00

EFFECTIVE DATE 01-01-12

FILED
11 DEC 22 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 20 2012
EXAMINER

Tax & Financial Strategists, LLC
28089 Vanderbilt Drive, Suite 201
Bonita Springs, FL. 34134
239-405-8395
239-405-8544 (fax)

January 12, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: Tarpon Tamer, LLC

I received your letter dated December 27, 2011 stating that the entity we were filing a conversion on was not an active entity; therefore, you could not file the conversion papers.

As such, I am mailing you a new cover letter and the Articles of Organization to set up a new entity.

Thank you for your assistance with this filing.

Sincerely,


Lyn Ciaffone

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11 DEC 22 AM 9:41
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tarpon Tamer, 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:

Lyn Ciaffone

Name of Person

Tax & Financial Strategists LLC

Firm/Company

28089 Vanderbilt Drive, Suite 201

Address

Bonita Springs, FL 34134

City/State and Zip Code

lyn@wondertax.com

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

For further information concerning this matter, please call:

Lyn Ciaffone

Name of Person

at (239) 405-8395

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

SECRET
TALLAHASSEE, FLORIDA

11 DEC 22 AM 9:41

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tarpon Tamer, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1441 19th Street SW

Naples, FL 34117

Mailing Address:

1441 19th Street SW

Naples, FL 34117

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:

Tax & Financial Strategists, LLC

Name

28089 Vanderbilt Dr., Suite 201

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

Bonita Springs, FL 34134

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Lyn Ciaffone

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:

MGRM

Phillip L. Haley

1441 19th Street SW

Naples, FL 34117

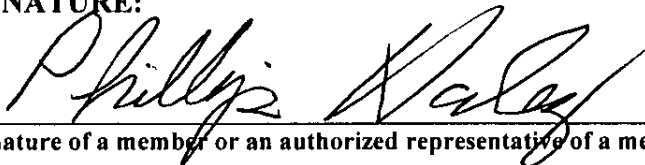
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SUNSHINE STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2012.
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

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.)

Phillip L. Haley

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2011

LYN CIAFFONE
TAX & FINANCIAL STRATEGISTS, LLC
28089 VANDERBILT DRIVE, SUITE 201
BONITA SPRINGS, FL 34134

SUBJECT: TARPON TAMER, INC.
Ref. Number: P99000038644

We have received your document for TARPON TAMER, INC. and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00028620