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EIN Individual Request - Online Application

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EIN Assistant

Meas Provide and Alexandra Al

Congratulations! Your EIN has been successfully assign

EIN Assigned: 46-0540395

Legal Name: TAMBOVSKY STRINGS LLC

IMPORTANT:

Save and/or print this page and the confirmation letter below for y

The confirmation letter below is your official IRS notice and contains im EIN.

CLICK HERE for Your EIN Confirmation Letter

Once you have saved or printed your letter, click "Continue" to get a information about using your new EIN.

COVER LETTER

TO:	Registration Section
	Division of Corporation

TAMBONSKY STRINGS LLC. SUBJECT: 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:

NIKOLAI TAMBOVSKY Name of Person TAMBOVSKY STRINGS L.L.C. Firm/Company 1500 CLARE AVE. WEST PAIM BEACH, FL 33401 City/State and Zip Code Nikoloi TAM BUYSKY @ GMAIL. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH RUBENSTEIN at 954 701-1319 Name of Person Area Code & Daytime Telephone Number As Accountant for Conp.

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 COMPA-Y

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMBOVSKY STRINGS L.L.C. (Must cad with the words "Umited Liability Company. "L.L.C." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Comoa. (is:

Principal Office Address:

Mailing Address:

	CLARE AVE	<u> </u>
WEST	PALM BRACH,	A
	FL 33401	6

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company carnot serve as as own Registered Agent. You must designate an individual or an other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KURT A: VON GUNTEN PA. Name 4170 S.E. 30th DRIVE Florida street address (P.O. Box NOT acceptable) Homesred d. FL 33033 City. State, and Zlp

Having been named as registered agent and to accept service of process for the above stated in 'ted liability company at the place designated in this certificate, I hereby accept the appointment ' registered agent and agree to act in this capacity. I further agree to comply with the provisions (all statutes relating to the proper and complete performance of my duties, and I am familiar with ind accept the obligations of my position as registered agent as provided for in Chapter 608, 15.5

Signature (REQUIRED) For Mont A. Var. Contra, P.A. Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STAT 3 AUG - 2 PM 4" ø

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	NICKOLAI TAMBOVSKY 1500 CLARE AVE WEST PALM BEACH, FL 33401
MEMBER	SASHA TAMBUVSKY 1500 CLARE AVE WEST PALM BEACH, FL 33401

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _ (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:

N. Tambs Ky Signature of a member or an authorized represeptative 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.)

Nikolai Tambovsku 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)

Page 2 of 2