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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use.Only



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J. BRYAN

AUG 14 2012

**EXAMINER** 

## **COVER LETTER**

10:	Division of Corporations
SUBJ	JECT: Tizami LLC
5020	Name of Limited Liability Company
	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Inezita Collins Name of Person
	Name of Person
	Firm/Company
	7825 Venetian Street
	Address
	Miramar FL 33023
	T825 Venetian Street  Address  Miramar, FL 33023  City/State and Zip Code  Zitaimani Q a o L - wm  E-mail address: (to be used for future annual report notification)
For fu	arther information concerning this matter, please call:
1	Name of Person
Enclo	osed is a check for the following amount:
<b>]</b> \$125.00	O Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$\int \\$155.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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:  (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: Mailing Address:			
7825 Venetian Street 7825 Venetian Street Miramar, FL 33023 Miramar, FL 33023			
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:			
I ne name and the Florida street address of the registered agent are:			
THEATA OSTINS			
Name			
7825 Venetian Street			
Florida street address (P.O. Box NOT acceptable)			
Miramor FL 33023			
City, State, and Zip			
Having heen named as registered agent and to accept service of process for the above stated limited			

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Inezita Collins 7825 Venetian Street Miramar, FL 33023
(Use attachment if necessary)	3 PH 2:48
ARTICLE V: Effective date, if other than the date	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	· < 11.

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.)

## 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)