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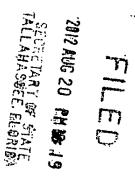
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2012

ANDRES BARON 4450 NW 55TH DR. COCONUT CREEK, FL 33073

SUBJECT: TAX EXPERTS LLC Ref. Number: W12000039315

We have received your document for TAX EXPERTS LLC and your check(s) totaling \$130.00. 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 for it is not distinguishable from the name of an existing entity. Section 608 406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P08000104451.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 612A00019632

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	·CT·	TAXI	EXPERTS LLC	
SUBJE	.C1:		ed Liability Company	
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	7. 20 Z
	ANDRE	SBARON		2017 AUG 20 SECRETAR TALLAHASS
			Name of Person	ASS.
	TAX EX	PERTS LLC _		
		•	Firm/Company	S S
	4450 N\	N 55TH DR		am pri
			Address	
(COCONUT	CREEK, FL 33073	}	
•			y/State and Zip Code	
<u>.</u>	ABAHON5	TH@GMAIL.COM E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
AND	RES BARG	ON	at (754) 2469873	
•	Name	of Person	Area Code & Daytime Telephone N	Number
Enclos	ed is a check for	or the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional 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

A	DТ	ICI	C I	I _ '	Nav	na
A	ĸ		·r.	_	1 18 17 1	TIP:

The name of the Limited Liability Company is:

TAX EXPERTS ADVICE LLC

(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:			
4450 NW 55TH DR COCONUT CREEK, FL 3307	4450 NW 55TH DR COCONUT CREEK, FL 33073			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	Office, & Registered Agent's Signature. ered Agent. You must designate an individual consther to the signate and individual construction of the signature.			
ANDRES BAF	10N 5			
4450 NW 55TH DR				
Florida street address (P.O. Box NOT acceptable)				
COCONUT CREEK	FL 33073			
City, Stat	te, 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)

Page 1 of 2

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:
ANDRES BARON	4450 NW 55TH DR COCONUT CREEK, FL 33073
	7
	AHASSEE P
	THE STATE OF THE S
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a memb	per 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.)

ANDRES BARON

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)