# L12000113239

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
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SECRITARY OF STATE

B. BOSTICK

SEP - 4 2012

EXAMINER

## COVER LETTER

TO:	Registration of	on Section Corporations	,	
<b></b>		Tactics & Operation	ons Group-US (TOG-	·US)
SUBJE	ECT:	• • • • • •	Liability Company	
The en	closed Article	es of Organization and fee(s) are sub	mitted for filing.	
Please	return all corr	respondence concerning this matter	to the following:	
		Sid	ney Lopez	
	<u> </u>		ame of Person	·
		Tactice & Operation	ns Group-US (TOG-	118)
		<del></del>	rm/Company	00)
		050444		
		3564 M	iramontes Circle	<del></del>
			Address	
			n, Florida 33414	3
		-	tate and Zip Code	Aug T
-			MOTMAIL.COM	—————————————————————————————————————
For fur	ther informati	on concerning this matter, please ca		
rortur	uiet iiitorinau	on concerning ans matter, please ex	11.	
	Sid	ney Lopez	t 480 234-7294	PH 2: 39  OF STATE E. FLORID
	Na	me of Person	Area Code & Daytime Telephone	e Number
Enclos	ed is a checl	k for the following amount:		
<b>\$125.0</b> 0	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
				and topy to environcy
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton 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:

### Tactics & Operations Group-US (TOG-US) 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	<u>.</u>	Mailing Address:		
3000 Rio Vista BLVD, # 20 Palm Beach Gardens, FL 3		3000 Rio Vista BLVD, # 201 Palm Beach Gardens, FL 33410	<del></del>	
			_	
ARTICLE III - Registers (The Limited Liability Company of business entity with an active Flor	nnot serve as its own Reg	ed Office, & Registered Agent's Signa gistered Agent. You must designate an individual or a	nother	
The name and the Florida	street address of the	e registered agent are:	AUG 3	ATTRICUES.
	Sidney Lo	pez Arroyo 👑	~	1
	Nam	ne		4 a
•	3564 Miran	nontes Circle	2: 3 STAT	***
	Florida street a	address (P.O. Box NOT acceptable)	1 CO	
	Wellington	<sub>FL</sub> 33414		
	0:	State, 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 Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Sidney Lopez MGR	3000 Rio Vista BLVD, #201 MGR
	Palm Beach Gardens, FL 33410
	74:0
<del></del>	Comp.
	<u></u>
	•
÷	
Use attachment if necessary)  EV: Effective date, if other that	n the date of filing: (OPTIONA
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)	n the date of filing: (OPTIONA ust be specific and cannot be more than five business day
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	in the date of filing:
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	tember of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Sidney Lopez
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	tember of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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August 14, 2012

SIDNEY LOPEZ 3564 MIRAMONTES CIRCLE WELLINGTON, FL 33414

SUBJECT: TACTICS & OPERATIOINS GROUP-US (TOG-US) LLC

Ref. Number: W12000042326

We have received your document for TACTICS & OPERATIOINS GROUP-US (TOG-US) LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Letter Number: 212A00020909

Barbara Bostick Regulatory Specialist II

www.sunbiz.org



August 20, 2012

SIDNEY LOPEZ 3564 MIRAMONTES CIRCLE WELLINGTON, FL 33414

SUBJECT: TACTICS & OPERATIOINS GROUP-US (TOG-US) LLC

Ref. Number: W12000042326

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Barbara Bostick Regulatory Specialist II

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