

L130000008564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

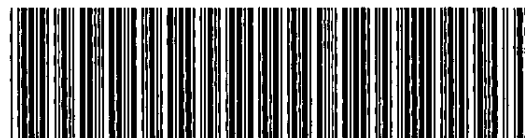
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/12--01007--023 **130.00

FILED
13 JAN 14 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2013

B. KOHR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Please see
Changes Attached...
Thank you...*

November 16, 2012

BRYAN MCGUIRE
15500 ROOSEVELT BLVD., SUITE 101
CLEARWATER, FL 33760

SUBJECT: TECHNOLOGY ASSURANCE CORPORATION, LLC
Ref. Number: W12000058073

FILED
13 JAN 14 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TECHNOLOGY ASSURANCE CORPORATION, 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):

Florida LLC's cannot use the words CORPORATION, CORP., INCORPORATED, or INC. in their names.,

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00027752

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

Company

SUBJECT: Technology Assurance Corporation, 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:

Bryan McGuire

Name of Person

Firm/Company

15500 Roosevelt Blvd, Suite 101

Address

Clearwater, FL 33760

City/State and Zip Code

mcguire.bryan@gmail.com

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

For further information concerning this matter, please call:

Bryan McGuire

Name of Person

at (727) 608-6767

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
13 JAN 14 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Company,
Technology Assurance Corporation, 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:

15500 Roosevelt Blvd
Suite 101
Clearwater, FL 33760

Mailing Address:

Same

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:

Bryan McGuire

Name

15500 Roosevelt Blvd, Suite 101

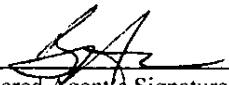
Florida street address (P.O. Box **NOT** acceptable)

Clearwater, FL 33760

FL

City, 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'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

Michael Nole

15500 Roosevelt Blvd, Suite 101

Clearwater, FL 33760

MGR

Bryan McGuire

15500 Roosevelt Blvd, Suite 101

Clearwater, FL 33760

(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:



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.)

Bryan McGuire

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)