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JAN 17 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinto Global, 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:

Lester Tagtow

(Name of Person)

(Firm/Company)

4491 Lubec Avenue

(Address)

North Port, FL 34287

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lester Tagtow at (941) 426-4197
(Name of Person) (Area Code & Daytime Telephone Number)

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

LLC Transmittal Letter

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Date:

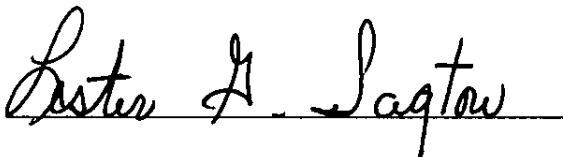
LLC Filings Office:

I have enclosed an original copy of the proposed Articles of Organization for a proposed domestic limited liability company and the Transmittal Letter. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fee of \$125 is enclosed.

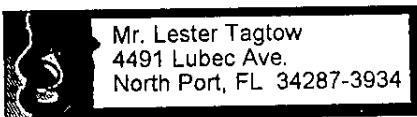
Sincerely,

Signed:



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TALLAHASSEE, FLORIDA

Return name and address:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pinto Global, 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:

4491 Lubec Avenue
North Port, FL 34287

Mailing Address:

4491 Lubec Avenue
North Port, FL 34287

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:

Lester Tagtow

Name

4491 Lubec Avenue

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

North Port FL 34287

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Lester G. Tagtow
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Lester Tagtow
4491 Lubec Avenue
North Port, FL 34287

MGRM

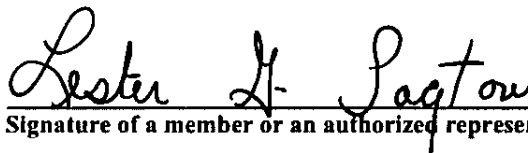
Dorthy Tagtow
4491 Lubec Avenue
North Port, FL 34287

(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.)

Lester Tagtow

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)

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ARTICLE IX
SIGNATURE OF MEMBERS

a. Execution of Agreement: In witness whereof, the Members of this LLC sign and adopt this agreement as the operating agreement of this LLC.

Date _____
Name Lester Tagtow
Street 4491 Lubec Avenue
City, State, Zip North Port, FL 34287

Signature Lester D. Tagtow

Date _____
Name Dorothy Tagtow
Street 4491 Lubec Avenue
City, State, Zip North Port, FL 34287

Signature Dorothy Tagtow

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