

# L13000079339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

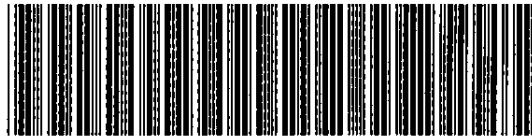
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 MAY 31 PM 2:57

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FILED  
2013 MAY 31 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUN - 3 2013

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP: 5-31-13

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING LLC \_\_\_\_\_

1. TIBOR Varadi LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I.**

The name of the Limited Liability Company is:

**TIBOR VARADI LLC**

**ARTICLE II.**

The address and street address of the principal office of the Limited Liability Company is:

2860 SOMERSET DRIVE APT. 410

LAUDERDALE LAKES FL 33311

The mailing address of the Limited Liability Company is:

2860 SOMERSET DRIVE APT. 410

LAUDERDALE LAKES FL 33311

**FILED**  
**2013 MAY 31 AM 9:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV.**

The name and the Florida street address of the registered agent are:

TIBOR VARADI

2860 SOMERSET DRIVE APT. 410

LAUDERDALE LAKES FL 33311

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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..

R. Varadi

*Registered Agent's Signature*

5-28-13

*Date*

#### **ARTICLE V.**

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

TIBOR VARADI

MGRM

2860 SOMERSET DRIVE APT. 410

LAUDERDALE LAKES FL 33311

Page 3.

Tibor Varsodi

*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.

Tibor Varsodi

*Typed or printed name of signee*

05-28-13

*Date*

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