

L13000153221

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TALLAHASSEE, FLORIDA

13 NOV 13 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tax and Insurance Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariel Rodriguez
Name of Person

Tax and Insurance Solutions LLC
Firm/Company

118 ZANDRA AVE Apt 307
Address

Coral Gables FL 33134
City/State and Zip Code

Ariel.R.0619@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Rodriguez at (786) 376 7393
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

Tax and Insurance Solutions LLC
L13000153221

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

My name is ARIEL Rodriguez, I was left off
the original document. Please add my name as
MGRM manager member, thank you, ARIEL Rodriguez

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
13 NOV -8 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: 5-NOV-2013

Ariel Rodriguez
Signature of a member or authorized representative of a member

ARIEL Rodriguez
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000153221
FILED 8:00 AM
October 30, 2013
Sec. Of State
jsaulsberry

Article I

The name of the Limited Liability Company is:

TAX AND INSURANCE SOLUTIONS LLC

Article II

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

425 SW 22ND AVE
SUITE I
MIAMI, FL. 33135

The mailing address of the Limited Liability Company is:

118 ZAMORA AVE
#307
CORAL GABLES, FL. 33134

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ARIEL RODRIGUEZ
118 ZAMORA AVE
#307
CORAL GABLES, FL. 33134

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.

Registered Agent Signature: ARIEL RODRIGUEZ

Article V

The name and address of managing members/managers are:

Title: MGRM
CHRISTIAN VALDEZ
425 SW 22ND AVE SUITE 1
MIAMI, FL. 33135

L13000153221
FILED 8:00 AM
October 30, 2013
Sec. Of State
jsaulsberry

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2014

Signature of member or an authorized representative of a member

Electronic Signature: ARIEL RODRIGUEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.