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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	•

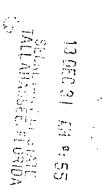
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Office Use Only



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11/27/13--01007--010 **160.00



(850) 245, 6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECTS

T&A Services, 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:

Rogelio Ulibarri

Name of Person

T&A Services, LLC

Firm/Company

1884 Lynton Circle

Address

Wellington, FL 33414

City/State and Zip Code

ulitech@yahoo.com

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

For further information concerning this matter, please call:

Rogelio Ulibarri

_561

329 1945

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Compa	any is:		
-T&A Sarvices, ŁŁG (Mu:	Ulitech,	LLC d Liability Company, "L.L.C.," or "Ll.C.")	 _	
ARTICLE II - Add The mailing address		the principal office of the Limited L	iability Compa	ny is:
Principal Office A	ddress:	Mailing Address:		
1884 Lynton Circle		1884 Lynton Circle		
Wellington, FL 33414		Wellington, FL 33414		
· · · · · · · · · · · · · · · · · · ·				
·	etive Florida registration.) Florida street address o Rogelio Ulibarri	f the registered agent are:	13.C TALL TALL	
		Name		•
	1884 Lynton Círcle		- 👯 👱	
	Florida st	reet address (P.O. Box NOT acceptable)	1 m	
	Wellington, FL 33	3414 _{FL}	- 11 B	
	(City, State, and Zip		
liability compan registered agent o all statutes relati	ny at the place designat and agree to act in this ng to the proper and co	and to accept service of process for the ted in this certificate, I hereby accept capacity. I further agree to comply was properly as registered agent as provided for	the appointmen with the provision ad I am familiar	nt as ons of with
	1/2/	Kibani		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Rogelio Ulibarri
·	1884 Lynton Circle
	Wellington, FL 33414
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	the date of filing: $1/2/2014$ (OPTIONAL) st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
<u> </u>	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. It mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Rogelio Ulibarri

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee