

L14000011922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

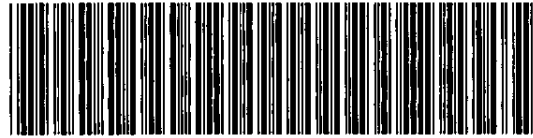
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/02/14--01023--022 **130.00

Effective Date

1/1/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 8:11

1123

(Handwritten signature/initials)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINGIRIS SYSTEMS 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:

STEVE TINGIRIS

Name of Person

TINGIRIS SYSTEMS LLC

Firm/Company

10110 DOWNEY LANE

Address

TAMPA, FL 33626

City/State and Zip Code

STEVE@TINGIRIS.COM

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

For further information concerning this matter, please call:

STEVE TINGIRIS

Name of Person

at (813)

Area Code

306-0000

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 8:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

STEVE TINGIRIS
10110 DOWNEY LN
TAMPA, FL 33626

SUBJECT: TINGIRIS SYSTEMS, LLC
Ref. Number: W14000001515

We have received your document for TINGIRIS SYSTEMS, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 514A00000551

FILED
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DIVISION OF CORPORATIONS
14 JAN -2 AM 8:11

Effective Date

1/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TINGIRIS SYSTEMS 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:

Mailing Address:

10110 DOWNEY LANE
TAMPA FL 33626

10110 DOWNEY LANE
TAMPA, FL 33626

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:

STEVE TINGIRIS

Name

10110 DOWNEY LANE


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

TAMPA FL 33626

City

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

STEVE TINGIRIS
10110 DOWNEY LANE
TAMPA, FL 33620

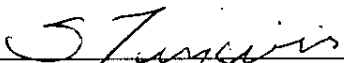
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

STEVE TINGIRIS

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)