## #14000034634

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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EFFECTIVE DATE

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SECRETARY OF STATE
TALL ANASSES FI ORIGINA

K.SALY EXAMINER FEB 28 2014

## **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJECT	: RPS Tax Seri	rices LLC
	Nar	ne of Limited Liability Company
The enclos	ed Articles of Organization and	fee(s) are submitted for filing.
Please retu	n all correspondence concerning	ng this matter to the following:
		Ryan Sully
		Name of Person
		RPS Tax Services LLC Firm/Company
		2520 Deer brook Drive
		1
		Lakel and FL 33811 City/State and Zip Code
	E-mail address: (t	stax services @ a mail.com o be used for future annual report notification)
For further	information concerning this ma	atter, please call:
	Ryan Scully Name of Person	at ( 407 ) 854 - 74 5 3  Area Code Daytime Telephone Number
n		
Enclosed is 125.00 Fi	a check for the following amounts fee \$\frac{\frac{1}{3}\$130.00 Filing to Certificate of S	Fee & \$\Bigsim \\$155.00 \text{ Filing Fee & }\Bigsim \\$160.00 \text{ Filing Fee,}
	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 - Name: The name of the Limite	ed Liability Company is:	EFFECTIVE ( 2-25-	PATE 2014
	RPS Tax Servi Must end with the words "Limited	ces LLC Liability Company, "L.L.C.," or "LLC.'	<u>")</u>
ARTICLE II - Addre The mailing address an		ffice of the Limited Liability Company is	s:
Principal Office Addi	<u>ess:</u>	Mailing Address:	
2520 Deerbr Lakeland FL	33811	2520 Deerbrook Dr Lakeland, FL 33811	
(The Limited Liability another business entity	Company cannot serve as its own with an active Florida registration		n individual or
The name and the Flori	ida street address of the registered	- <del>-</del>	201
	Ryan Name	Scully	强当工
			题。二
	2520 Deer brook Florida street address (P.O. Box		SEE
	Lakeland	25.211	FFS T
	City	FL 33811 Zip	Series Series
the place designate capacity. I further a	s registered agent and to accept sen d in this certificate, I hereby accep gree to comply with the provisions am familiar with and accept the ob	vice of process for the above stated limite t the appointment as registered agent and of all statutes relating to the proper and c ligations of my position as registered agen ter 605, F.S.	d agree to act in this complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Ryan Scully 2520 Deerbrook Dr Lakeland FL 33811
• •	ne date of filing: 2/25/14 .(OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must filling.)	the date of filing: 2/25/14 . (OPTIONAL)  be specific and cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than the second cannot be more
CV: Effective date, if other than the ctive date is listed, the date must filling.) CVI: Other provisions, if any.	
Signature of (In accordance with sections and false)  I am aware that any false	Fyan July  f a member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document  n under the penalties of perjury that the facts stated herein are true.  es information submitted in a document to the Department of State
CV: Effective date, if other than the ctive date is listed, the date must of filing.)  CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	Fyan July  f a member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document  n under the penalties of perjury that the facts stated herein are true.