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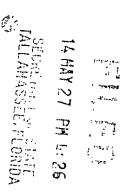
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Office Use Only



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COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJ	ECT: <u> bis Ac</u>	counting & Tax Services, I Name of Lir	LC nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<u>John Ra</u>	mdeen	Name of Person	
			Firm/Company	·····
	6048 24	h Avenue N	Address	
	Saint Pe	ersburg. Florida 33710 C	City/State and Zip Code	
_jc	amdeencpa@	omail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
<u>John</u>	Ramdeen Nan	at (at (lephone Number
Enclos	ed is a check fo	or the following amount:		
] \$125.0	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)
			a	

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 Limited Liability Company is:		
Ibis Accounting & Tax Services, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6048 24th Avenue N Saint Petersburg, FL 33710	6048 24th Avenue N Saint Petersburg, FL 33710	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or	
The name and the Florida street address of the registered a	gent are:	
John Ramdeen, CPA Name		
6048 24th Avenue N		
Florida street address (P.O. Box N	NOT acceptable)	
Saint Petersburg	FL 33710	
City	Zip	
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company he appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance tations of my position as registered agent as provided for in 605, F.S.	æ
Registered Agent's Signatur		ŗ
(CONTINUE)	D) \$27	!
Page 1 of 2	PH 4: 25	

"MGR" = Manager AMBR John Ramdeen 6048 24th Avenue N Saint Petersburg. FL 33710 MGR Teri Ramdeen 6048 24th Avenue N Saint Petersburg. FL 33710 CLE V: Effective date, if other than the date of filing: June 1, 2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) CLE 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 hereinfare 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.) John Ramdeen 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) \$5.500 Certified Copy (Optional)	Title: "AMBR" = Authorize	ed Member	Name and Address:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: June 1, 2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day te of filing.) CLE 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 hereinare true. I am aware that any false information submitted in a document to the Department of Side, constitutes a third degree felony as provided for in s.817.155, F.S.) John Ramdeen 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)	_				
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