

L15000064975

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 MAR 24 AM 8:55  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, DC 20535

APR 15 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ameritax Group, 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:

Lee Barlas

Name of Person

Megastar Advisors, LLC

Firm/Company

905 E Martin Luther King Jr Dr, Suite 600

Address

Tarpon Springs, FL 34689

City/State and Zip Code

Lee@barlaschambers.com

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

For further information concerning this matter, please call:

Lee Barlas

at ( 727 ) 474-0382

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 - Name:**

The name of the Limited Liability Company is:

Ameritax Group, 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:**

905 E Martin Luther King Jr Dr  
Suite 600  
Tarpon Springs, FL 34689

**Mailing Address:**

905 E Martin Luther King Jr Dr  
Suite 600  
Tarpon Springs, FL 34689

**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:

Lee Barlas

Name

905 E Martin Luther King Jr Dr, Suite 660

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

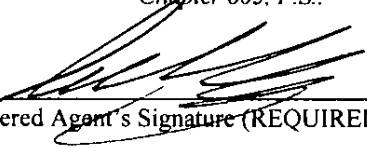
Tarpon Springs

FL 34689

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)

15 MAR 24 AM 8:55  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Lee Barlas

905 E Martin Luther King Jr Dr, Suite 600

Tarpon Springs, FL 34689

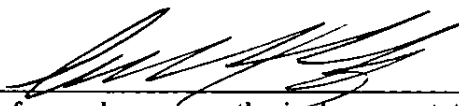
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

LEE BARLAS

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)

15 MAR 24 AM 8:55  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA