

LIS 000 07777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

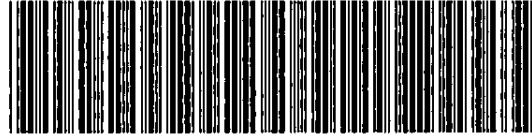
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 APR 27 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2015

MAX SAINTIL  
5253 NW 33RD AVE  
FT LAUDERDALE, FL 33309

SUBJECT: TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C.  
Ref. Number: W15000026442

We have received your document for TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 915A00007576

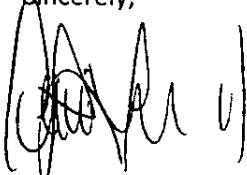
EXCELCIUM TAX & FINANCIAL SERVICES INC.,  
D/B/A TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C  
5253 NW 33 AVE  
FT LAUDERDALE, FL 33309

03/23/2015

Dear Sir or Madam:

TAX CONNEK U.S.A, AND FINANCIAL SERVICES LLC., has been registered since March 04, 2015. And enclosed are registrations paper. Since the company is already registered and all fees has been paid, Please return any overpayment fees which were paid on sunbiz.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Max Saintil', with a stylized flourish at the end.

Max Saintil  
President

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C.,**  
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:

MAX H. SAINTIL

Name of Person

TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C.,

Firm/Company

5253 NW 33RD AVE

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

MHSAINTIL@YAHOO.COM

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

For further information concerning this matter, please call:

MAX H. SAINTIL

Name of Person

at ( 954 ) 533-3291 - 305-904-1739

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:

TAX CONNEK U.S.A. & FINANCIAL SERVICES, L.L.C.,

(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:

5352 NW 33RD AVE  
NORTH LAUDERDALE  
FLORIDA 33309

#### Mailing Address:

### 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:

MAX H SAINTIL

Name

6231 SW 16TH CT

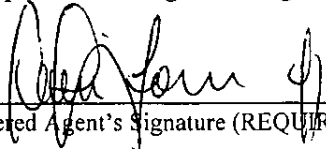
Florida street address (P.O. Box **NOT** acceptable)

NORTH LAUDERDALE FL 33309

City, State, and Zip

15 APR 27 AM 9:39  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MAX H. SAINTIL, PRESIDENT

6231 SW 16TH CT  
NORTH LAUDERDALE  
FLORIDA 33068

WISLEY METAYER, VP OF OPERATIONS

821 E. EVANSTON CIR  
FORT LAUDERDALE  
FLORIDA 33312

ANDRE MONSANTO

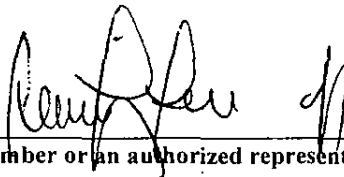
4351 NW 107 AVE  
CORAL SPRINGS  
FLORIDA 33065

(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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MAX H. SAINTIL

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)**