L15000 158832

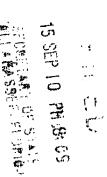
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



900276894639

09/10/15--01005--013 **125.00



SEP 2 1 2015 W PAINTER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	19th Hole Consulting LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Felix Juan
	Name of Person
	19th Hole Consulting LLC
	Firm/Company
	4705 N. Rome Ave
	Address
	Tampa, Fla 33603
	City/State and Zip Code 19thholeconsultingllc@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Felix Juan 813 777-7/19
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{Certified Copy (additional copy is enclosed)}
	Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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 Liabil	ity Company is:			
19th Hole Consultin		d Lighility Comm	pany, "L.L.C.," or "LLC.")	
(Must enc	with the words Limite	u Liaointy Comp	rany, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lim	ited Liability Company is:	
Princi	pal Office Address:		Mailing Addr	ess:
4705 N Rome Ave			705 N Rome Ave	
Tampa, Florida 336	03		Tampa, Florida 33603	
The name and the Florida street	address of the registere	d agent are:	•	
		Name		
	4705 N Rome Ave			
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	Tampa	FI	33603	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app provisions of all statutes bligations of my position	cooling to the process of as registered ago	stered agent and agree to act in per and complete performance of the p	n this capacity. I e of my duties, and I
		(CONTINUE Page 1 of 2	עא	\$ 10

	-			
•	u	 	LE	
_		 		 , -

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
(Use attachment if necessary)	
CLEV: Effective date if other than the date of	of filing: (OPTIONAL)
ite of filing.)	cific and cannot be more than five business days prior to or 90 day
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u> </u>	
This document is execute	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false i	information submitted in a document to the Department of State
	felony as provided for in s.817.155, F.S.
	Felix JUAN
	Typed or printed name of signee
	Typed or printed name of signee Filing Fees:
\$125.00 Filing Fee for Articles of Orga	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of Orga	Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: Anization and Designation of Registered Agent Page 2 of 2
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent

.

Date of this notice: 08-27-2015

Employer Identification Number:

47-4908891

Form: SS-4

Number of this notice: CP 575 G

19TH HOLE CONSULTING LLC FELIX JUAN SOLE MBR 4705 N ROME AVE TAMPA, FL 33603

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4908891. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is 19TH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.