

L15000166517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

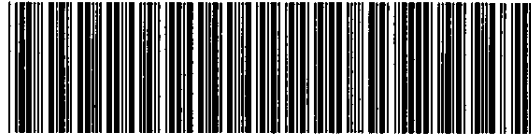
(Document Number)

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

Special Instructions to Filing Officer:

W15-60841

Office Use Only



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09/02/15--01011--028 \*\*125.00

15 SEP 28 AM 12:00  
SECRETARY OF STATE  
ATLANTA, GA 30334

OCT 01 2015

W PAINTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2015

OCTAR DORCENT  
4913 WATERWAY COURT APT 328  
ORLANDO, FL 32839

SUBJECT: AFFORDABLE TAX SOLUTIONS SERVICES LLC.  
Ref. Number: W15000060341

RECEIVED SEP 30 2015

We have received your document for AFFORDABLE TAX SOLUTIONS SERVICES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6052.

WESTLEE A PAINTER  
Regulatory Specialist II

Letter Number: 415A00019340

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AFFORDABLE TAX SOLUTIONS SERVICES**

\_\_\_\_\_  
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:

OCTAR DORCENT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4913 WATERWAY COURT APT 328

\_\_\_\_\_  
Address

ORLANDO ,FL 32839

\_\_\_\_\_  
City/State and Zip Code

DORTCENTMULTI1040@GMAIL.COM

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

For further information concerning this matter, please call:

OCTAR DORCENT

407

360-7596

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

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

**Street Address**

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 Liability Company is:

AFFORDABLE TAX SOLUTIONS SERVICES 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:**

424 EAST CENTRAL BLVD #708  
ORLANDO FL 32801

**Mailing Address:**

424 EAST CENTRAL BLVD #708  
ORLANDO FL 32801

**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:

OCTAR DORCENT

Name

4913 WATERWAY COURT APT 328

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

ORLANDO

FL

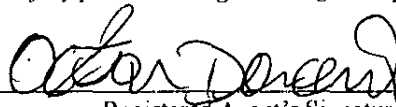
32839

City

State

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 SEP 28 AM 12:00  
SECRETARY OF STATE  
KULASOFF, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

OCTAR DORCENT

4913 WATERWAY COURT APT328

ORLANDO FL,32839

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

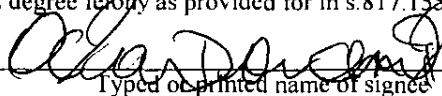
**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member:**

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.  
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.



Typed or printed name of signer

**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 SEP 28 AM 12:00  
SECRETARY OF STATE  
ARTICLE 59-FL-10812