# L15000112202

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(Ac	ldress)	
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### **COVER LETTER**

	egistration Section ivision of Corporations
SUBJECT	Tiger IT Solutions, LLC
SCHOLLCK	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Brandon Huebner
	Name of Person
	Tiger IT Solutions, LLC
	Firm/Company
	7312 50th Avenue North Unit 3
	Address
•	Saint Petersburg, FL. 33709
	City/State and Zip Code
	Tigercomputerrepair@icloud.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Brandon Huebner 727 642-2916 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$\frac{1}{2}\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$\frac{1}{2}\$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:		
Tiger IT Solutions, LI	r.c		
	vith the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
<b>(</b>			,
ARTICLE II - Address:			
The mailing address and street ad-	dress of the principal of	fice of the Limited	1 Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
7312 50th Avenue No	orth Unit 3	731	2 50th Avenue North Unit 3
Saint Petersburg, FL.	33709	Sai	nt Petersburg, FL. 33709
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Agent.	ent's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered	agent are:	
	Jessy Huebner		
		Name	
	7016 I halan Wasa		
•	7916 Links Way	(D C) Poy NOT	nocentable)
·	7916 Links Way Florida street address	(P.O. Box NOT	acceptable)
•		(P.O. Box <u>NOT</u> :	acceptable) 34986

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)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized M	1ember
"MGR" = Manager	
AMBR	Brandon Huebner
	7312 50th Avenue North Unit 3
	Saint Petersburg, FL. 33709
1100	
AMBR	Julie Rader
	7312 50th Avenue North Unit 3 Saint Petersburg, FL. 33709
	Saint Petersburg, FL. 33709
EV: Effective date, if oth ective date is listed, the d	ner than the date of filing: 09-28-2015 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 9
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E V: Effective date, if oth ective date is listed, the diffiling.) the date inserted in this benent's effective date on the E VI: Other provisions, if  REQUIRED SIGNATU  Sig This docident am awa constitute	ate must be specific and cannot be more than five business days prior to or 9 clock does not meet the applicable statutory filing requirements, this date will not he Department of State's records.  any.  RE:  Character of a-member or an authorized representative of a member, ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes are that any false information submitted in a document to the Department of State

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)