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## COVER LETTER

TO:	Registration Section Division of Corporations				
OLID III	Binn's Tax Preparation and Travel	HAC			
Sumar	Name of	Limited Ligh	ollity Company	T TO A MANUFE	
The end	closed Articles of Organization and feets	) are submitte	ed for filing.		
Please	return all correspondence concerning this	s matter to the	e following:		
	David N Goldhirsch				
	•	Name	of Person	,	
		Firm/	Tompany		
	5109 Cobble Shores Way	Λd	dress		-
	Wimauma FL 33598				
	binnstax(aqoutlook.com	City/State	and Zip Code		
		ased for futur	e annual report notificati		
For furth	ner information concerning this matter, pl	lease call:			
	David N Goldhirsch	718	282-5400	70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ij,
	Name of Person		Daytime Telephon	e Number	87 P
Enclos	ed is a check for the following amount:			en e	to C
<b>]</b> \$125.0	10 Filing Fee S130,00 Filing Fee & Certificate of Status	, Luicen	5,00 i iling Fee & [ified Copy onal copy is enclosed]	S160,00 Filing Lee Certifical Copy Certified Copy (additional copy is en	السا

# Mailing Address

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

# Street Address

New Filing Section Division of Corporations Cliffon Building 266) Executive Center Circle Fallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	

Binn's Tax Preparation and Travel LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE 11 - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

	<del></del>
5109 Cobble Shores Way	PO Box 5500
Wimauma FL 33598	Sun City Center F1, 33573-5500
to place a second of the control of	The second secon

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:

Principal Office Address:

David Goldhirsch			
	Name	entropy webstage to	······································
'5109 Cobble Shore	s Way 1 1 1 12	Some some of the state of	4
Florida street addr	ess (P.O. Box <u><b>NO</b></u>	( <u>T</u> acceptable)	
Wimauma	ŀl.	33598	
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 645. F.S.

(CONTINUED)

Page Lof 2

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SHUKEIARY OF STATE

	, ·	Nama and Addrage:	*** **
4. •	Title: "AMBR" = Authorized Member	Name and Address:	•
	"MGR" Manager AMBR	David N Goldhirsch 5109 Cobble Shores Way Wimaung 11, 33598	
			<del></del> 
			<del></del>
			_
ARTIC If an el	LE V: Effective date, if other than the da fective date is listed, the date must be s	te of filing: January 1, 2016 (OPTIONAL) specific and cannot be more than five business days prior to or	90 days af
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