L 1500179238

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

OCT 2 2 2015

T. SCOTT



600278024326

10/15/15--01011---005 **130.00

13 UCI 15 AMIL: 20

COVER LETTER

ŝ

Div	ision of Corporations			
SUBJECT:	TNC Customs LLC			
•	Name of	Limited Liabili	ty Company	
The enclosed	Articles of Organization and fee(s) are submitted	for filing.	
Please return	all correspondence concerning this	s matter to the f	ollowing:	
J	ohn Hauser			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
า	TNC Customs LLC			
-		Firm/Co	mpany	
1	129 Mill Run Circle			
_		Addre	ess	
1	Apopka, FL 32703			
	10.5	City/State and	d Zip Code	
Jh	auser1@cfl.rr.com			
	E-mail address: (to be u	sed for future a	nnual report notificat	ion)
For further infe	ormation concerning this matter, pl	ease call:		
Je	ohn Hauser	407	889-2154	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a	check for the following amount:			
\$125.00 Filin	ng Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & ed Copy Il copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

Mailing Address

Registration Section

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

TNC Customs LLC				
(Must end v	with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	office of the Limited	Liability Company is:	
Principa	al Office Address:		Mailing Address	:
1129 Mill Run Circle	·		Mill Run Circle	<u> </u>
Apopka, Fl 32703		Apo	pka, Fl 32703	· <u>·······</u>
he name and the Florida street a	•	•		
he name and the Florida street a	Ţ.	•		
he name and the Florida street a	John Hauser 1129 Mill Run Circl	d agent are: Name		
he name and the Florida street a	John Hauser 1129 Mill Run Circl	d agent are:	cceptable)	
he name and the Florida street a	John Hauser 1129 Mill Run Circl	d agent are: Name	cceptable)	
he name and the Florida street a	John Hauser 1129 Mill Run Circl Florida street address	d agent are: Name e ss (P.O. Box NOT ac	•	

(CONTINUED)

Page 1 of 2

<u>"itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMBR	JOHN HAUSER
·	1129 MILL RUN CR AROPKA FL 32703
	AFORMA FL 32103

V: Effective date, if other than the tive date is listed, the date must b	date of filing:
ctive date is listed, the date must b filing.)	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the ctive date is listed, the date must b filing.) he date inserted in this block does nent's effective date on the Department's	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the ctive date is listed, the date must be filing.) he date inserted in this block does neent's effective date on the Department's CVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is experience.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records. The member of an authorized representative of a member ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does rent's effective date on the Department's effective date on the Department. VI: Other provisions, if any. Signature of a This document is examined and aware that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the tive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's VI: Other provisions, if any. Signature of a This document is examined a surrounded and a surrou	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
V: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is examined any aware that any	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State