# L1600037474

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. GILBERT

### **COVER LETTER**

TO

TO	Registration Section Division of Corporations		
SUBJE	Tsyklon, LLC		
00 Dy L		Limited Liabi	lity Company
The end	closed Articles of Organization and fee(s	s) are submitted	for filing.
Please 1	return all correspondence concerning this	s matter to the	following:
	William S Evans		
		Name o	Person
	Tsyklon, LLC		
		Firm/Co	ompany
	948 Larson Dr		
		Add	ress
	Altamonte Springs, FL 32714		
	bill@tsyklonstudio.com	City/State ar	nd Zip Code
	E-mail address: (to be u	sed for future	annual report notification)
For furthe	er information concerning this matter, pl	ease call:	
	William S Evans	407	9298179
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertif	200 Filing Fee & \$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		Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

# Tsyklon, LLC

948 Larson St. Altamonte Springs, FL 32714 (407) 929-8179 bill@tsyklonstudio.com

February 10, 2016

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

To Whom It May Concern,

Please find our attached application for our new corporation Tsyklon, LLC. Additionally I've included the EIN paperwork we received from the IRS.

Best regards,

William Evans

Managing Member, Tsyklon

Date of this notice: 02-09-2016

Employer Identification Number:

81-1377119

Form: SS-4

Number of this notice: CP 575 B

TSYKLON LLC WILLIAM S EVANS MBR 948 LARSON DR ALTAMONTE SPG, FL 32714

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 81-13771.19. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

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 TSYK. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-09-2016 ) EMPLOYER IDENTIFICATION NUMBER: 81-1377119 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idaddiddalalahdadladladladdiddiddid TSYKLON LLC WILLIAM S EVANS MBR 948 LARSON DR ALTAMONTE SPG, FL 32714



#### **EIN Assistant**

Your Prograss:

1. Identity of

2. Authenticate of

3. Addresses 🗸

4. Delalla

5. EIN Confirmation

Help Topics

What is Form 1128?

#### Summary of your information

Please review the information you are about to submit, if any of the information below is incorrect, you will need to start a new application.

Click the "Submit" button at the bottom of the page to receive your EIN.

#### Organization Type: LLC

#### LLC Information

Legal name: County:

TSYKLON LLC SEMINOLE

State/Territory: Start date:

Closing month of accounting year:

DECEMBER (The closing month of the accounting year is defaulted to December

State/Territory where articles of organization are (or will be) filed:

## **FEBRUARY 2016**

due to your organization type, To change your closing menth of accounting year, complete Form 1128.)

#### Addresses

Physical Location:

948 LARSON DR

ALTAMONTE SPG FL 32714

Phone Number:

407-637-2419

XXX-XX-3033

#### Responsible Party

SSN/ITIN:

WILLIAM S EVANS MBR

**Principal Business Activity** What your business/organization does:

SERVICE WEB DESIGN

Principal products/services:

Additional LLC Information Owns a 55,000 pounds or greater highway motor vehicle:

NO NO

Involves gambling/wagering: Involves alcohol, tobacco or firearms:

NO

Files Form 720 (Quarterly Federal Excise Tax Return):

NΩ

Has employees who receive Forms W-2: Reason for Applying:

STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN. Submit

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	to a grand glass
The name of the Limited Liability Company is:	· · - C.D
•	16 FEB 16 PM 4: 23
Tsyklon, LLC	4: 23
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.") TALL & THE SEE, FLORIDA
ARTICLE II - Address:	- CALIDA
The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
948 Larson Dr. Altamonte Springs, FL 32714	948 Larson Dr. Altamonte Springs, FL 3271
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
William S Evans	
Name	

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..

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

State

Zip

1460 Equinox Circle

City

Sanford

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:	
	uthorized Member	
"MGR" = Ma		
MGR	William S Evans	· · · · · · · · · · · · · · · · · · ·
	1460 Equinox Cir	
	Sanford, FL 32771	
MGR	Jeffrey Scott Donald	
	948 Larson Dr.	
	Altamonte Springs, FL 32714	
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ARTICLE IV-