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TALL AT ASSET FOR DRIDA

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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Tanase Tudor	LLC		
SOBJECT.	Name of L	mited Liability Company		
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.		
Please retur	n all correspondence concerning this n	natter to the following:		
	TudorT	Name of Person		
	Tanase T	udor, LLC		
		Firm/Company		
	8464 Pin	reverde Lane		
		Address		₹.0
	Jackson	City/State and Zip Code	표 	VIII.Y
		City/State and Zip Code	HAR 31 PH 3: 39	
-	E-mail address: (to be use	ed for future annual report notification)	P	E. J.
For further in	formation concerning this matter, plea	se call:	ယ္ ယ	SIZ
	Name of Person	Area Code Daytime Telephone Number	ف	יי אריי
Enclosed is	a check for the following amount:			
\$125.00 Fi		\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &	d)
	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:					
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: Mailing Address:					
Tudor Tanase Bylor Dineverde Ln. Jacksonville, Fr. 32244 Jacksonville, Fr. 32244 Jacksonville, Fr. 32244 Jacksonville, Fr. 32244					
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:					
Tudor Tarase Name					
BHOH Pineverde Ln. Florida street address (P.O. Box NOT acceptable)					
Lectionville, Fr. 30244 City State Zip					
Having been named as registered agent and to accept service of process for the above stated limited liability company at the					

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

TALL ATASSET FLURIUM

	T:41	Name and Addison.	
	Title: "AMBR" = Authorized Member	Name and Address:	
-	"MGR" = Manager Tudor Torrase "m	FR" Tudou Tanase	
		Byloy Dineverde Lane Jacksonville, = 1. 32244	
		3000 NOTTO, 11, 50000	
			
	(77		
	(Use attachment if necessary)	date of filing: (OPTIONAL)	
	of filing.)	e specific and cannot be more than five business days prior to or 90	
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