

L16000100325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

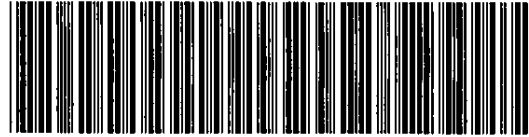
(Business Entity Name)

(Document Number)

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05/02/16--01025--011 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -2 AM 9:25

*changed name, returning 5/15/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

RHONDA O'FALLON
TAB'S LLC
109 NE 60TH AVE
OKEECHOBEE, FL 34974

SUBJECT: TAB'S LLC
Ref. Number: W16000033939

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
16 MAY -2 AM 9:25

We have received your document for TAB'S LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P96000068985.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 516A00009756

RECEIVED
16 MAY 19 AM 10:10
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAB'S LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda O'Fallon
Name of Person

TAB'S
Firm/Company

109 NE 160th Ave
Address

Okeechobee FL 34974
City/State and Zip Code

yourhometowntab's@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda O'Fallon at (863) 1634-9530
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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:

Your TAB'S LLC

(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:

109 NE 160th Ave
Okeechobee FL 34974

Mailing Address:

109 NE 160th Ave
Okeechobee FL 34974

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:

Rhonda O'Fallon
Name
109 NE 160th Ave
Florida street address (P.O. Box **NOT** acceptable)
Okeechobee FL 34974
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 605, F.S.

Rhonda O'Fallon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY - 2 AM 9:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Rhonda O'Fallon
109 NE 60th Ave
Okeechobee, FL 34974

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/02/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Rhonda O'Fallon

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rhonda O'Fallon

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

16 MAY - 2 AM 9:25

DEPT. OF STATE
DIVISION OF CORPORATIONS