

U6000105762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

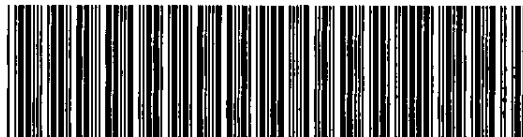
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/26/16--01006--028 **125.00

FILED
16 MAY 26 AM 9:03
FBI - NEW YORK
FBI - NEW YORK
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Robert K. Riley
2335 The Woods Drive E., Jacksonville, Florida 32246
904-716-9874
cedarleah@gmail.com

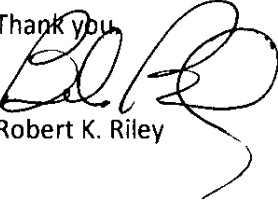
May 23, 2016

Florida Department of State Division of Corporations
New Filing Section Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: LLC TynanAve

TO WHOM IT MAY CONCERN:

Enclosed you will find the necessary paperwork to form a Florida Limited Company for Florida Statutes and a check for \$125.00.

Thank you

Robert K. Riley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TYNAN, 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:

Robert K. Riley
Name of Person

Firm/Company

2335 The Woods Dr. E.
Address

Jacksonville, FL 32246
City/State and Zip Code

cedarleaf@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Riley at (904) 716-9874
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:

TYNAN, 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:

Mailing Address:

2335 The Woods Dr. E.

same

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:

Robert K. Riley
Name

2335 The Woods Dr. E.

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

Jacksonville, FL 32246
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.

Robert K. Riley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Leah Riley
2335 The Woods Dr E.
Jacksonville, FL 32246

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 23, 2016 (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:

Leah Riley

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.

Leah Riley

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)