

LI 6000151404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288952697

08/15/16--01005--003 **602.50

FILED
16 AUG 12 PM 2:43

16 AUG 12 PM 5:11

8/15/14

Superbiz.com, Inc.
2761 Vista Pkwy Unit E4
West Palm Beach, FL 33411
Tel 1-800-494-3124
Email sales@superbiz.com

RETURN TO: SUNSHINE CORPORATE FILING

Date: **AUGUST 12, 2016**

Entity Name: **TAMARA KAUFFMAN INTERIORS LLC**

****Please File the Attached and Return****

 X Plain Copy

 Certified Copy

 Certificate of Status

Total Due: 125⁻

Check Number: 2775

FILED
16 AUG 12 PM 2:46

Please return completed documents to the

RETURN TO: SUNSHINE CORPORATE FILING

For questions on this filing: call Tina Goff - 1-850-508-1891

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

FILED
16 AUG 12 PM 2:46
CLERK OF COURT
CLERK OF COURT

ARTICLE I NAME

The name of the Limited Liability Company is:

TAMARA KAUFFMAN INTERIORS LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

655 SHADY NOOK DRIVE

CLERMONT, FLORIDA 34711

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

TAMARA KAUFFMAN

655 SHADY NOOK DRIVE

CLERMONT, FLORIDA 34711

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.

X


TAMARA KAUFFMAN / Registered Agent's signature

PAGE 2 TAMARA KAUFFMAN INTERIORS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

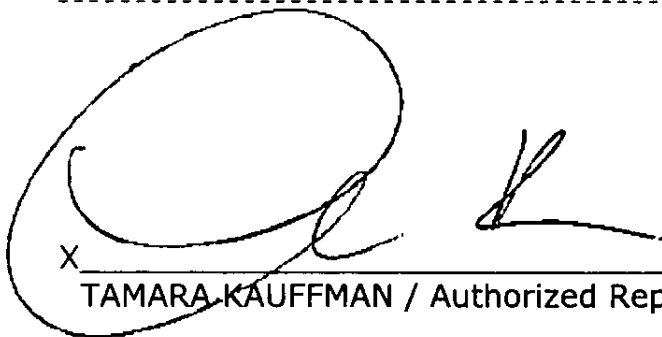
AUTHORIZED MEMBER

TAMARA KAUFFMAN

655 SHADY NOOK DRIVE

CLERMONT, FLORIDA 34711

FILED
16 AUG 12 PM 2:46


X
TAMARA KAUFFMAN / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)