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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE "12111

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Tank Scape 5 LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concorning this matter to the following:
Daniel Kroege.
Tank scapes LLC. Firm/Company
4012 21st street North Address
Saint Petersburg FL 33714 City/State and Zip Code Tankscapes FL @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Kroegel nr. 813 409-4135 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32307

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited-Liability Company is:		
Tankscapes LLC.		
(Must contain the words "Limited Liability Comp	pany, "L.L.C.,	" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability	Company is:
Principal Office Address:		Mailing Address:
Unia aist steart North	11017	11st stood North

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

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

another business entity with an active Florida registration.)

Daniel Kroegel

Name

4012 215+ 5+ reet North

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

Saint fetaisburg, FL 33714

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

FILED

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	The state V Canada
AMBR	Daniel Krozgel
	4012 21st street North
	Saint Petrisburg; FL 33714
	
	
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