L11000256055

(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:	
	





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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	TAX GENIUSES LLC	
SOBJEC		Limited Liability Company
The enclo	osed Articles of Organization and fee(s)) are submitted for filing.
Please ret	urn all correspondence concerning this	s matter to the following:
	Richard A. Addison	
		Name of Person
	TAX GENIUSES LLC	
		Firm/Company
	9031 PEMBROKE ROAD	
		Address
	PEMBROKE PINES, FLORIDA 33	3025
	RICHINMIRAMAR@GMAIL.COM	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	RICHARD A. ADDISON	95 4 554-7068
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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



October 23, 2017

RICHARD A ADDISON 9031 PEMBROKE ROAD PEMBROKE PINES, FL 33025

SUBJECT: TAX GENIUSES LLC Ref. Number: W17000084376

We have received your document for TAX GENIUSES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Verify your filing type. Corp Or LLC.?

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.

Letter Number: 117A00021312

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

AUTHORIZATION STATEMENT

10/16/2017

1, Richard A. Addison am the owner / vice president of TAX GENIUSES, LLC Document Number L13000158573,

I have no intention of reinstating the dissolved corporation.

Should you have any further questions please contact me directly at the phone number listed below.

Regards,

Vice President

Richard A. Addison 9031 Pembroke Rd

Pembroke Pines, FL 33025

Office: 954-392-4875 Direct: 954-554-7068

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

TAX GENIUS	SES LLC				
	st contain the words "Limited I	iability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and a	street address of the principal of	fice of the Limited L	iability Company is:		
<u> </u>	rincipal Office Address:		Mailing Address:		
9031 PEMBR	OKE ROAD	9031 I	PEMBROKE ROAD		
			BIMERORIS ROMB		
ARTICLE III - Register (The Limited Liability Co	PINES, FLORIDA 33025 red Agent, Registered Office, o	PEMI & Registered Agent Registered Agent, Yo	BROKE PINES, FLORIDA 33025	 - - - -	
ARTICLE III - Register (The Limited Liability Coanother business entity w	PINES, FLORIDA 33025 red Agent, Registered Office, company cannot serve as its own	Registered Agent Registered Agent, You	SROKE PINES, FLORIDA 33025 's Signature:	H DEC 13	÷**
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent Registered Agent, You	's Signature: ou must designate an individual or	DEC 13	·,
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent Registered Agent. You	's Signature: ou must designate an individual or	DEC 13 AH	; · · · · · · · · · · · · · · · · · · ·
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered Richard A. Addison	Registered Agent, You,) agent are:	's Signature: ou must designate an individual or	DEC 13 ASS	
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, company cannot serve as its own ith an active Florida registration street address of the registered Richard A. Addison	Registered Agent, You,) agent are:	's Signature: ou must designate an individual or	DEC 13 AH	

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)

Title:	Name and Address:
"AMBR" = Authorized Men	per ser
"MGR" = Manager	1 2 1 4 5 12
MGR	Lucinda A. Addison
	9031 Pembroke Road
	Pembroke Pines, Florida 33025
MGR	Richard A. Addison
	9031 Pembroke Road
	Pembroke Pines, Florida 33025
AMBR	Ruth Robert
	9031 Pembroke Road
	Pembroke Pines, Florida 33025
(Use attachment if necessary	
CLEV: Effective date if other t	nan the date of filing:
effective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days
te of filing.)	name of specific and cannot be more than over pasiness days prior to or you are
	does not meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the l	
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CLE VI: Other provisions, if any	

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.

RICHARD A. ADDISON
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)