L18000097081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

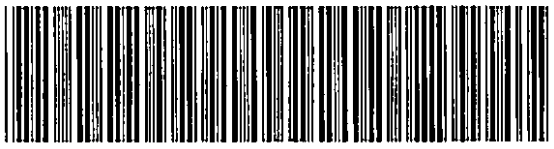
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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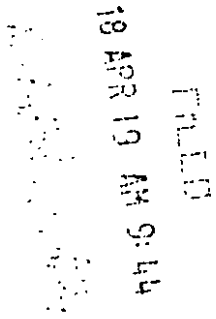

T COLLINS

APR 20 2018

The Law Office of Patrick J. Cremeens, P.L.

4707 West Gandy Boulevard
Suite 8
Tampa, Florida 33611

ph. (813) 839-2000
fax (813) 839-3500

Patrick J. Cremeens, Esq.
Managing Partner
Patrick@cremeenslaw.com

Jeanne M. Cremeens, Esq.
jeanne@cremeenslaw.com

Philip A. Rhodes, Esq.
philip@cremeenslaw.com

April 17, 2018

Via U.S. Mail
Florida Department of State
New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: TAP 5, LLC

Dear Sir or Madam,

Enclosed herein please find the following:

- Articles of Organization for TAP 5, LLC;
- Cover Letter for same;
- Check no. 4866 in the amount of $130.00 for the Filing Fee and Certificate of Status; and
- Postage-paid return envelope.

Please do not hesitate to contact me if you have any questions or require any additional information. Thank you.

Sincerely yours,

Timothy Covey,
Paralegal,
The Law Office of Patrick J. Cremeens, P.L.

enclosure ~ as indicated

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: TAP 5 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:

Eric Cunningham
Name of Person

Firm/Company

4522 West Village Drive, Suite 656
Address

Tampa, Florida 33624
City/State and Zip Code

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

For further information concerning this matter, please call:

Eric Cunningham at (818) 388-3193
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)

18 APR 19 AM 9:14

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:

LMS LLC
(Must contain 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:**
4522 West Village Drive, Suite 656	4522 West Village Drive, Suite 656
Tampa, Florida 33624	Tampa, Florida 33624

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(One Limited Liability Company cannot serve as its own Registered Agent. You must designate a natural person or business entity with an active Florida registration.)

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

Eric Cunningham
Name

4522 West Village Drive, Suite 656
Florida street address (P.O. Box NOT acceptable)

Tampa, Florida, 33624
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 relative 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 APR 19 AM 9:44

ARTICLE IV:

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

Title:	Name and Address:
AMBR Authorized Member	
MGR Manager	
AMBR	Eric Cunningham 4522 West Village Drive Suite 656 Tampa, Florida 33624

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

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

To the best of my knowledge, this document is executed in accordance with section 605.0203, 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.

E. Cunningham

Typed or printed name of signer

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)

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19 APR 19 AM 9:44