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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: New Filing Section Division of Corporations .
SUBJECT: Tanco Industries 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:
Rohan Tanis Name of Person
2221 Orange Ave E #1237
Tallahassee Florida 32311
Tallahassee Florida 32311 City/State and Zip Code tancoindustries Qoutlook. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Rohan Tanls at (954) 182 - 85 88 Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{\$}
Mailing Address New Filing Section Street Address New Filing Section

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 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Tallahasse	ange Hive & #	-12-57 <u>T</u> a	Mahassee	HUE E #1051 FL 32311
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	ny cannot serve as its own F	Registered Agent. '		individual or
The name and the Florida stree	et address of the registered a	agent are: XY\S Name		-
	Plorida street address	ge Ave E (P.O. Box <u>NOT</u> a	# 1237 cceptable)	-
	Tallahassee City	State	323\\ Zip	-
laving been named as registered along the designated in this certifical further agree to comply with the familiar with and accept the designation.	te, I hereby accept the appoi provisions of all statutes rel	intment as registere ating to the proper	ed agent and agree to a and complete perform	act in this capacity. I nance of my duties, and I
	Acha Register	red Agent's Signat	ure (REQUIRED)	
		(CONTINUED)		

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Munager	Rohan Tanis 2221 Orange Ave F # 7237 Tallaharsee FL 3231)
-	
	·
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must I he date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must I he date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must I he date of filing.) Note: If the date inserted in this block does the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must I he date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the ARTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is each of the date of the da	not meet the applicable statutory filing requirements, this date will not be listed as

ARTICLE IV-