

L190000015217

Florida Department of State
Division of Corporations
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19 JAN 15 PM 12:01
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.

TM SOLUTION SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TM SOLUTION SYSTEMS LLC

(Must end with 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:

16699 COLLINS AVENUE, UNIT 2506
SUNNY ISLES BEACH, FL 33160

Mailing Address:

16699 COLLINS AVENUE, UNIT 2506
SUNNY ISLES BEACH, FL 33160

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 another business entity with an active Florida registration.)

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

LEONID KOMSKY

Name

16699 COLLINS AVENUE, UNIT 2506

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

<u>SUNNY ISLES BEACH</u>	<u>FL</u>	<u>33160</u>
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)

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19 JAN 16 PM 12:01
STATE OF FLORIDA
SUNNY ISLES BEACH

ARTICLE IV-

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

Title:

AMBR = Authorized Member

MGR = Manager

MGRM

Name and Address:

VLADLENA LIVERANT

16699 COLLINS AVENUE, UNIT 2506

SUNNY ISLES BEACH, FL 33160

MGRM

LEONID KOMSKY

16699 COLLINS AVENUE, UNIT 2506

SUNNY ISLES BEACH, FL 33160

MGRM

HULKAR YASHAYEVA

16699 COLLINS AVENUE, UNIT 2506

SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

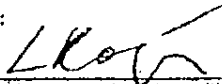
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

LEONID KOMSKY

Typed or printed name of signer