6/17/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

coreycyr@hotmail.com Email Address:___

FLORIDA LIMITED LIABILITY CO.

Tamas Cyr Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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:

Tamas Cyr Group 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:

1777 Tantiami Trail, Suite 101	1777 Tamiami Trail, Suite 101
Port Charlotte, FL 33948	Port Charlotte, FL 33948

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Cores Cur

(The Limited Liability Company cannot serve as its own Registered Agen). You must designate an individual or another business entity with an active Florida registration.)

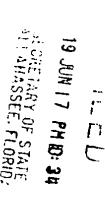
The name and the Florida street address of the registered agent are:

·	Name	
1777 Tamiami Trail	Suite 101	<u> </u>
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Port Charlotte	FL	33948

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 standers 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)



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jeffrey Tamas
 :	1777 Tamiami Trail, Suite 101
	Port Charlotte, FL 33948
AMBR	Corey Cyr
	1777 Tamianii Trail, Suite 101
	Port Charlotte, FL 33948
(Use attachment if necessary) CLE V: Effective date, if other than the c	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)	not meet the applicable statutory filling requirements, this date will no
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does n	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.) If the date inserted in this block does no cument's effective date on the Departm CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does nocument's effective date on the Departm CLE VI: Other provisions, if any, by and all lawful business. REOHIRED SIGNATURE: Signature of a This document is ex Lam aware that any limited.	incomplete and cannot be more than five business days prior to or 9 to incomplete the applicable statutory filting requirements, this date will not ent of State's records. In member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does nocument's effective date on the Departm CLE VI: Other provisions, if any, by and all lawful business. REOHIRED SIGNATURE: Signature of a This document is ex Lam aware that any limited.	incomment the applicable statutory filting requirements, this date will not meet the applicable statutory filting requirements, this date will not the statute of State's records. In member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)