# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002026163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

Fax Number : (800)432-3622

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

Email Address:	
<del></del>	

# FLORIDA LIMITED LIABILITY CO.

\*\*\*PLEASE PROVIDE THE ORIGINAL

SUBMISSION DATE OF 7/1/2019\*\*\*

TSZM, LLC	
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J DENNIS

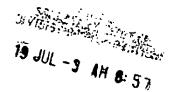
JUL 0 5 2019

.:	
Electronic Filing Menu	Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

7/1/2019

Help



# ARTICLES OF ORGANIZATION OF ISZM, LLC, A FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I

# NAME

The name of the Limited Liability Company is TSZM, LLC (the "Limited Liability Company").

#### ARTICLE II

# **ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 1688 Meridian Avenue, Suite 600 & 700, Mismi Beach, Florida 33139.

### ARTICLE III

# REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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 of the Florida Statutes.

# Capital Corporate Services, Inc.

By: Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Date: July 3, 2019

John D. Owens, III, Appliorized Person

This document is executed in accordance with Section 605.0203(1)(b) of the 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 Section 817.155 of the Florida Statutes.