

L19000178960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

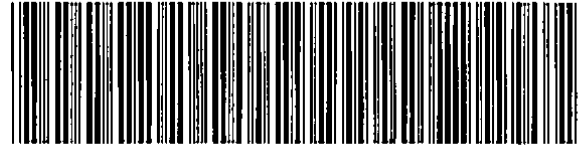
(Business Entity Name)

(Document Number)

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**FILED**  
2019 JUL 22 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

W19  
B 0894

T. BURCH

JUL 23 2019

## COVER LETTER

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

**SUBJECT:** TAMPA BAY MITIGATION SERVICES, 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:

Tom H. Billiris, Esq.

Name of Person

Tom H. Billiris, P.A.

Firm/Company

P.O. Box 2006

Address

Palm Harbor, FL 34682-2006

City/State and Zip Code

tombilliris@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Maltese

727

641-8395

at ( )

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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2019

TOM H. BILLIRIS, P.A.  
PO BOX 2006  
PALM HARBOR, FL 34682-2006

SUBJECT: TAMPA BAY MITIGATION SERVICES, LLC  
Ref. Number: W19000060894

We have received your document for TAMPA BAY MITIGATION SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II Supervisor

Letter Number: 619A00013266

2019-07-01 10:31:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMPA BAY MITIGATION SERVICES, 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:

508 Georgia Ave.

Crystal Beach, FL 34681

P.O. Box 84

Crystal Beach, FL 34681

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:

Tony Maltese

Name

508 Georgia Ave.

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

Crystal Beach

FL

34681

City

State

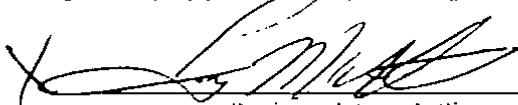
Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 22 PM 12:30

FILED

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Tony Maltese

508 Georgia Ave.

Crystal Beach, FL 34681

AMBR

Gina Maltese

508 Georgia Ave.

Crystal Beach, FL 34681

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2019 (OPTIONAL)

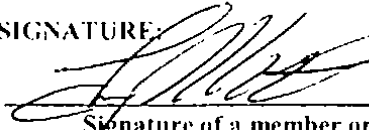
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

None.

**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.

Tony Maltese

Typed or printed name of signee

**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)

2019 JUL 22 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED