L1900)191301

(Requestor's Name)
(Address)
(Address)
(1331533)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , , ,
(D)
(Document Number)
Certified Copies Certificates of Status
Consideration to Fill Off
Special Instructions to Filing Officer:

Office Use Only



200331916342

07/23/19--01005--026 **125.00

RECEIVED

JUL 22 2019

SEORETARY OF STATE

N CULLIGAN AUG 6 2019

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC		imited Liability Company
The enclo	osed Articles of Organization and fec(s)	are submitted for filing.
Please ret	urn all correspondence concerning this	natter to the following:
	Chadwick	Name of Person
	Accounting & Tax	Solutions of Florida, LLC, Firm/Company
	3707 26Th S	
		Address
	Bradienson, F	L 3 4205 City/State and Zip Code
	in En @ anda	City/State and Zip Code
		ed for future annual report notification)
For further	information concerning this matter, ple	
	a) 1 .	941) 782-8577 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	npany is:				
(Must contain the	e words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limi	ited Liability Company is:			
Principal Off	fice Address:	Mailing Addre	<u>ess</u> :		
ARTICLE III - Registered Agent, R	egistered Office, & Registered A				
(The Limited Liability Company canna another business entity with an active		m. 100 must designate an mo	ividual of		
The name and the Florida street addre	ss of the registered agent are:			~>	
	ccounting A Tax So Name Name ST W	lutions of Florida	SECRETAR' TALLAHA	ال 22	1574 2 2 2 3 4 3
FIG.	orida street address (P.O. Box NO	T acceptable)	10 N	- 골 ·	, ;
<u>L</u>	redenton FL	34205	E S.	PH 1: 21	-
	City State	Zip	STAT E, FL	21	
Having been named as registered agent place designated in this certificate, I her further agree to comply with the provisic am familiar with and accept the obligati	eby accept the appointment as regi ons of all statutes relating to the pro	stered agent and agree to act i oper and complete performanc	lity company at the n this capacity. I e of my duties, and I		

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Balan T. Co.
71011	910 1750 Ave. IN
	Palmetto FL 34221
(Use attachment if necessary)	4/1/2010
FICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will be listed
TICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
TICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will be listed
FICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
FICLE V: Effective date, if other than the n effective date is listed, the date must b date of filing.) ie: If the date inserted in this block does document's effective date on the Departr	not meet the applicable statutory filing requirements, this date will at the listed ment of State's records.
FICLE V: Effective date, if other than the n effective date is listed, the date must be date of filing.) (e) If the date inserted in this block does document's effective date on the Departructure of the date of the Departructure of the Dep	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
FICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departr	not meet the applicable statutory filing requirements, this date will at the listed ment of State's records.
FICLE V: Effective date, if other than the n effective date is listed, the date must be date of filing.) (e: If the date inserted in this block does document's effective date on the Departre FICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
ricle V: Effective date, if other than the n effective date is listed, the date must be date of filing.) The date inserted in this block does document's effective date on the Departricle VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will be listed ment of State's records.
ricle V: Effective date, if other than the n effective date is listed, the date must be date of filing.) e: If the date inserted in this block does document's effective date on the Departricle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e.	not meet the applicable statutory filing requirements, this date will the belisted ment of State's records. The construction of the control
TICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departr TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e. I am aware that any	not meet the applicable statutory filing requirements, this date will out be listed ment of State's records. The construction of the control
TICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departructure. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e. I am aware that any	not meet the applicable statutory filing requirements, this date will the be listed ment of State's records. The control of t
TICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departre TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e. I am aware that any	not meet the applicable statutory filing requirements, this date will out be listed ment of State's records. The construction of the control

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)