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	(Requestor's Name)
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PICK-L	UP WAIT MAIL
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#### **COVER LETTER**

	ew Filing Section ivision of Corporations	
SUBJECT	TAL 7, LLC	
SOBJECT		Limited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	arn all correspondence concerning this	matter to the following:
	STACY SMALL	
		Name of Person
	SMITH THOMPSON SHAW	
		Firm/Company
	3520 THOMASVILLE ROAD - 4TH	1 FLOOR
		Address
	TALLAHASSEE, FL 32309	
		City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further i	nformation concerning this matter, ple	ase call:
	STACY SMALL	850 893-4105
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	iling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

# ARTICLES OF ORGANIZATION OF

TAL 7, LLC

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HYPESION OF CURPORATION

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### 1. NAME.

The name of the Limited Liability Company is **TAL 7**, **LLC** (hereinafter referred to as the "Company").

#### 2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

#### 3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

#### 4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is 20191 East Country Club Drive, Suite 1006, Aventura, Florida 33180. Such address may be changed from time to time as provided in the Operating Agreement.

#### 5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is 20191 East Country Club Drive, Suite 1006, Aventura, Florida 33180. Such address may be changed from time to time as provided in the Operating Agreement.

#### 6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: BRIAN SEALY, 1245 Cedar Drive, Tallahassee, Florida 32301.

#### 7. MANAGEMENT.

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

Manager Cort Lewis 20191 East Country Club Drive, Suite 1006 Aventura, Florida 33180

**EXECUTED** at Aventura, Miami-Dade County, Florida this \_\_\_\_ day of August 2019.

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### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is TAL 7, LLC.
- 2. The name of the registered agent and office is: BRIAN SEALY, 1245 Cedar Drive, Tallahassee, Florida 32301.

#### ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

BRIAN SEALS