9/19/2019

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.

(((H190002815993)))



H190002815993ABCB

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 : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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

Email	Address:		

## FLORIDA LIMITED LIABILITY CO. Tuck'N'AB LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

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

N CULLIGAN

## Myke Quon

From: limitedonline@dos.state.fl.us
Sent: 29 August, 2019 09:58

To: DL-Onlinefilings

Subject: Corporate Filing - 600333636846

Document Number: W19000079877 Entity Name: TUCK~~~N~~ALL LLC Tracking Number: 600333636846

Pin Number: 6846

We received your online transmitted document. However, the document has not been filed for the following:

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend your document accordingly.

To make the necessary corrections to your filling, return to our website at www.sunbiz.org <a href="http://www.sunbiz.org">http://www.sunbiz.org</a> and select the filling type you are wanting to correct under the 'Filling Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pln number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6052.

Neysa Culligan Regulatory Specialist II New Filing Section

Letter Number: 190829125750-600333636846

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 Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tuck'N'All LLC		T10101777		<u> </u>	
(Must end					
ARTICLE II - Address:					
The mailing address and street a	iddress of the principal o	office of the Limited L	iability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
19477 NE 10th Ave.	APT 326				
Miami, FL 33179					
ARTICLE III - Registered Ag	ent, Registered Office,	& Registered Agent	's Signature:	<del></del>	
ARTICI,E III - Registered Ag The Limited Liability Company	y cannot serve as its own	i Registered Agent, Yo	's Signature: ou must designate an individual or	2018	
ARTICLE III - Registered Ag	y cannot serve as its own active Florida registration	n Registered Agent, Yo on.)	's Signature: ou must designate an individual or	2018 SECRE	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	y cannot serve as its own active Florida registration	n Registered Agent. Yo on.) d agent are:	's Signature: ou must designate an individual or	SEF I JREIA ALLAI	
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	y cannot serve as its own active Florida registration address of the registered	n Registered Agent. Yo on.) d agent are:	's Signuture: ou must designate an individual or	ALLA ALLA	
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an a	y cannot serve as its own active Florida registration address of the registered United States Corpo	n Registered Agent. Yoon.) d agent are: oration Agents, Inc. Name	's Signature: ou must designate an individual or	SEP 19 A BRETARY ( ALLAHADA	¥"
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	y cannot serve as its own active Florida registration address of the registered United States Corpo 5575 S. Semoran BI	n Registered Agent. Yoon.) d agent are: oration Agents, Inc. Name	ou must designate an individual or	SEP 19 MM SRLTARY OF ALLMHAUSE	1
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	y cannot serve as its own active Florida registration address of the registered United States Corpo 5575 S. Semoran BI	n Registered Agent. Yoon.) d agent are: retion Agents, Inc. Name	ou must designate an individual or	SEP 19 AM SRUTANTOF ALLVIHALSEI	, ;

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)

Chryston Messler, Orsied States Corporation Agency, In

(CONTINUED)

Page 1 of 2

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

ARTICLE IV-

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	Javier Tucknall 19477 NE 10th Ave., APT 326 Miami, FL 33179		
<del></del>			
(Use attachment if necessary)			
(If an effective date is listed, the date must be specifithe date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not State's records.	•	
ARTICLE VI: Other provisions, it any.			
	***************************************		2015
REQUIRED SIGNATURE:	MI		
This document is executed I am aware that any false in	or or an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	\$35 \$0.5	19 AH 9:
	Legalzoom.com, Inc.	FAT	5

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)