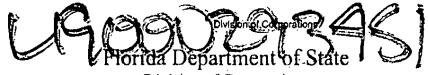
12/6/2019



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.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I2019000007 Phone : (786)845-8854

Fax Number : (321)473-3052

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.

Don't Stop The LLE Nunya BIZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.1
Estimated Charge	\$125.00

Reference: W19000106004

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	NUNYA BIZ, LLC			
SOBJEC		imited Liability	/ Сотралу	
The encl	osed Articles of Organization and fee(s)	are submitted fo	or filing.	
Please re	eturn all correspondence concerning this r	natter to the fol	lowing:	
	JESSICA TORRES			
		Name of P	erson	
	TAX CARE CELEBRATION			
		Firm/Com	pany	
	1400 NW 107TH AVE. STE 430			
		Addres	S	
	SWEETWATER, FL 33172			
	SUNBIZREG@TAXCAREINC.COM	City/State and	Zip Code	
	E-mail address: (to be use	ed for future an	nual report notificat	ion)
For further	r information concerning this matter, plea	ise call:		
	JESSICA TORRES	786	845-8854	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	d is a check for the following amount:			
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	L_JCertified	Filing Fee & [I Copy 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	N D C 2	treet Address lew Filing Section livision of Corporati lifton Building 661 Executive Cente lallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
	I - Address: address and street address of the principal office	of the Limited Liability Company is:
J	Principal Office Address:	Mailing Address:
5	449 S SEMORAN BLVD, STE. 200	5449 S SEMORAN BLVD, STE. 200
<u>C</u>	ORLANDO, FL. 32822	ORLANDO, FL. 32822

TAYLOR OLIVIA GONZALEZ

Name

5449 S SEMORAN BLVD, STE. 200

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

ORLANDO FLORIDA 32822
City State Zip

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..

7A4LOR O. GONZALE3

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ïtle:		Name and Address:
AMBR" = Au	nhorized Member	
MGR" = Mar		TATOR OF THE CONTRACT
1GR		TAYLOR OLIVIA GONZALEZ 5449 S SEMORAN BLVD STE 200
		ORLANDO, FL. 32822
		ORCANDO, I B. 32822
V: Effective tive date is li	nt if necessary) date, if other than the date isted, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
V: Effective tive date is liftling.) he date insertent's effective. VI: Other properties of the Lim	date, if other than the date sted, the date must be speed in this block does not be date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
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