1/15/2020

pg 3 of 6

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

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

Email Address:_

DE JAN 15 AH 11: 20 SECTION OF STATE SECTION NAVISSEE, FL

FLORIDA LIMITED LIABILITY CO. THIRD TOOTH LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

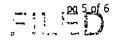
	lew Filing Section Division of Corporations	
CHD IT CO	THIRD TOOTH LLC	
SUBJECT		ne of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please rett	um all correspondence concernir	g this matter to the following:
	IRMA SERNA	
		Name of Person
	ASLAN TAX SERVICES IN	
		Firm/Company
	762 SW 18TH AVE	
	 	Address
	M1AM1, FL 33135	
		City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further i	information concerning this mat	er, please call:
	IRMA SERNA	305 644-9144
	Name of Person	at ()at () Area Code Daytime Telephone Number
Enclosed i	is a check for the following amo	ent:
\$125.00 F	Siling Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address	Street Address

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 FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JAN 15 AH 11: 20

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The name of the Limited Liability Company is:

Fax Services

SECREPAIN OF STATE TALLAHASSEE, FL

THIRD TOOTH LLC				
(Must conatin the	words "Limited Liability	y 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:
8250 SW 180 ST	8250 SW 180 ST
PALMETTO BAY, FL 33157	PALMETTO BAY, FL 33157

ARTICL (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:

JOSE ALBERTO		
	Name	
8250 SW 180 ST		
Florida street address	(P.O. Box <u>NOT</u> ac	rceptable)
PALMETTO BAY	Fl.	33157
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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AMBR	JOSE ALBERTO 8250 SW 180 ST PALMETTO BAY, FL 33157
	PALMETTO BAY, FL 33157
	SEC.
	SI COLL
	
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REQUIRED SIGNATURE: X Signature of	a member or an authorized representative of a member. xecuted in accordance with section 605 0203 (1) (b) Florida Statutes
REQUIRED SIGNATURE: X Signature of This document is e I am aware that any	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
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