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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : TAX CARE DORAL
Account Number : I20190000008
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:

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2020 MAY 27 PM 4:08

STATE BAR OF STATE
TALLAHASSEE, FL
June 1994

**FLORIDA LIMITED LIABILITY CO.
SOUTH GRAINS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 MAY 27 AM 11:15

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SOUTH GRAINS LLC
SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA TORRES

Name of Person

TAX CARE FRANCHISE GROUP

Firm/Company

1400 NW 107TH AVE STE 430

Address

SWEETWATER FL 33172

City/State and Zip Code

jessica.taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Torres	786	845-8854
at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH GRAINS LCC

(Must contain the words "Limited Liability 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:

5555 COLLINS AVE APT 14A
MIAMI BEACH, FL 33140

5555 COLLINS AVE APT 14A
MIAMI BEACH FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

LUCIANO NAZARENO CARBONARI

Name _____

5555 COLLINS AVE APT 14A

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

MIAMI BEACH FL 33140
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..

Luciano L. Carbonari

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

FILE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

MGR

Name and Address:

LUCIANO NAZARENEO CARBONARI
5555 COLLINS AVE APT 14A
MIAMI BEACH FL 33140

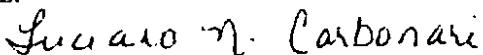
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LUCIANO NAZARENO CARBONARI

Typed or printed name of signee

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)

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SHERIFF OF STATE
TALLAHASSEE, FL

FILED