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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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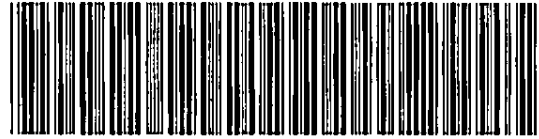
(Business Entity Name)

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6/9/2020

COVER LETTER

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

SUBJECT: TYLYNN HOLDINGS LLC

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:

KATRINA LADSON

Name of Person

HIDDEN TREASURES BUSINESS AND FINANCE EMPORIUM LLC

Firm/Company

150 S PINE ISLAND ROAD, SUITE 300

Address

PLANTATION, FL 33324

City/State and Zip Code

THEWEALTHCHANNEL@YAHOO.COM

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

For further information concerning this matter, please call:

KATRINA LADSON

954

770.3838

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional 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

Street Address

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

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JUN 2 2009
TALLAHASSEE, FL

2009 JUN -2 AM 10:25

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**ARTICLES OF ORGANIZATION
FOR
TYLYNN HOLDINGS, LLC
(A Florida Limited Liability Company)**

The Undersigned, in order to form an organization for the purposes hereinafter stated, under and pursuant to the provisions of General Organization Laws of the State of Florida, hereby certifies as follows:

Article I

The name of the organization shall be:

TYLYNN HOLDINGS, LLC

Article II

The purpose of the organization shall be to transact any and all lawful business for which organizations may be organized under the Florida Statutes.

Article III

The mailing address and street address of the principal office of the Limited Liability Company is:

4747 W WATERS AVE, #2114
TAMPA, FL 33614

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CLERK OF DISTRICT COURT

Article IV

The names and address of the authorized person(s) to manage and control the Limited Liability Company:

Manager

BREANNE DELVALLE
4747 W. WATERS AVE, #2114
TAMPA, FL 33614

Article V

These Articles of Organization may be amended in the manner by law. Every amendment shall be approved by the manager(s).

Article VI

The private property of the manager(s) shall not be subject to the payment of the obligations of the organization to any extent.

Article VII

The manager(s) may at their discretion, repeal, alter, or amend the By-Laws of this organization.

The undersigned organization 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, FS. The undersigned manager(s) has (have) executed these Articles of Organization in accordance to the Florida Statutes on this 26th day of May 2020.

Signature of Member(s):

B. Delvalle
BREANNE DELVALLE, Manager

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**Certificate of Designation of
Registered Agent/Registered Office**

Pursuant of the provisions of Section 605.0203 (1) (b), Florida Statutes, the undersigned organization, organized under the laws of the State of Florida, submits the following statement in designation the registers office/registered agent, in the State of Florida.

The name of the Corporation is:


TYLYNN HOLDINGS, LLC

The name and address of the registered agent and office is:

Hidden Treasures Business & Finance Emporium, LLC
150 S. Pine Island Road, Suite 300
Plantation, FL 33324

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature:


Katrina Ladson

Date: 05.26.2020

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2020 JUN -2 AM 10:25
TALLAHASSEE FL 32301