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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

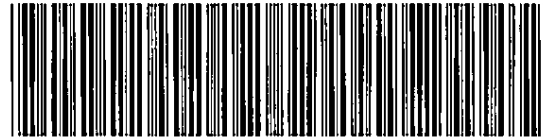
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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20 OCT 16 11:30 AM  
FBI

Derrick Thompson  
10/30/2020

**COVER LETTER**

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

**SUBJECT:** Tnorth Realty, 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:

Isidro Tautiva, Jr.

Name of Person

Tnorth Realty, LLC

Firm/Company

20 Bruce Avenue

Address

Mashfield, Massachusetts 02050

City/State and Zip Code

skaybird@gmail.com

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

For further information concerning this matter, please call:

Isidro Tautiva, Jr. 781 635-4546  
Name of Person at ( ) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tnorth Realty, LLC

(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:

2441-2443 S Mills Avenue  
Orlando, Florida 32806

Mailing Address:

20 Bruce Avenue  
Marshfield, Massachusetts 02050

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:

Armando Tautiva  
Name

124 E. Harding St  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Orlando, FL, 32806  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Isidro Tautiva, Jr.  
20 Bruce Avenue  
Marshfield, Massachusetts 02050

AMBR

Lisa Tautiva  
20 Bruce Avenue  
Marshfield, Massachusetts 02050

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Isidro Tautiva, Jr.

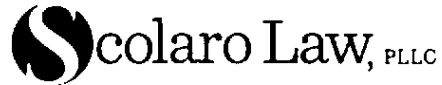
Typed or printed name of signee

**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)



6832 East Genesee Street  
Fayetteville, New York 13066  
Telephone: (315) 400-3214  
Facsimile: (315) 445-0719  
Email: rscolaro@scolarolaw.com

Florida Department of State  
Division of Corporations  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

October 9, 2020

**Re: Tnorth Realty, LLC – New LLC filing of Articles of Organization**

Dear Sir or Madam,

I hope this finds you and your families all doing well and staying safe and healthy.

Enclosed for filing are the Cover Letter, Articles of Organization and Check #159 in the amount of \$130.00 for the Filing Fee and Certificate of Status for the creation of Tnorth Realty, LLC. Once the Tnorth Realty, LLC is approved as an LLC, please forward any and all documents to me.

Please let me know if you have any questions or need anything else. Thank you for all of your help and assistance with this matter.

Respectfully submitted,

SCOLARO LAW, PLLC

A handwritten signature in black ink, appearing to read 'Robert D. Scolaro'.

Robert D. Scolaro, Esq.

Encs.