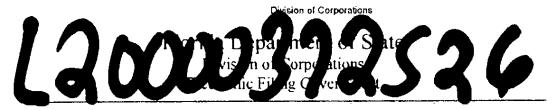
From: Kimberly Laughrey

12/7/2020



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.

(((H200004170213)))



H200004170213ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

					$\sim$	
	To:			1 -	020 (	
	,	Division of Co	orporations ·		DEC	
			: (850)617-6381	1 2		
	From:					
_		Account Name	: C T CORPORATION SYSTEM		P	
$\sim$	<del></del>	Account Number	: FCA000000023	پن <del>نئ</del> م	<u>:</u>	
•••	~	Phone	: (614)280-3338	으류	ب	
PM 1: 12		Fax Number	: (954)208-0845		90	
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**					
3	Ema	il Address:				
zaza ue.						
V						

## FLORIDA LIMITED LIABILITY CO.

## TacSec Advisors LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**GEC 0 8 2020** 

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR IT ARTIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: «

ø,

The name of the Limited, Liability Company is:

Page: 3 of 4

TacSec Advisors 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:

Mailing Address:

12580 Sunnydale Drive Wellington FL 33414 12580 Sunnydale Drive Wellington FL 33414

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

City

(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:

Name

1200 South Pine Island Road

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

Plantation Florida 33324

State

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..

C T Corporation System

Terrie Bates, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Kimberty Laughrey

ART	CI	Ľ.	W.

Page: 4 of 4

The name and address of each person at	thorized to numage and control th	e Limited Liability Company:

Title: "AMBR" - Autho	rized Member	Name and Address:			
"MGR" = Manage <u>MGR</u>	rr	Edward R. Casas 12580 Sunnydale Drive Wellington FL	33414		
(Use attachment if					
(If an effective date is lister the date of filing.)	i, the date must be specif n this block does not mee	filing:  fic and cannot be more than five busines  t the applicable statutory filing requirements  State's records.	ss days prior to or 90 days after		
ARTICLE VI: Other provis	ions, if any.		· · · · · · · · · · · · · · · · · · ·		
REOURED SIG	ŅATURE:	J.			
I a	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.				
	Edward R, Casas	Typed or printed name of signce	<del></del>		
		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)