

L21000116480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

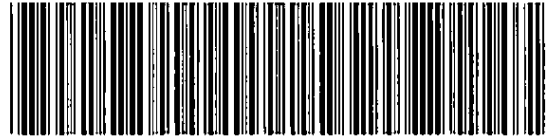
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800358684078

03/18/21--01001--011 **155.00

21 MAR 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 3/17 Glinda

XX **CERTIFIED COPY** _____
☐ **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** LLC _____

1. **T ARAGON LLC**
 (CORPORATE NAME AND DOCUMENT #)
2. _____
 (CORPORATE NAME AND DOCUMENT #)
3. _____
 (CORPORATE NAME AND DOCUMENT #)
4. _____
 (CORPORATE NAME AND DOCUMENT #)
5. _____
 (CORPORATE NAME AND DOCUMENT #)
6. _____
 (CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2021

CORPORATE ACCESS

SUBJECT: T ARAGON LLC
Ref. Number: W21000036120

We have received your document for T ARAGON LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the Principal office address. (the city)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 721A00005755

21 MAR 19 AM 3:46

**Articles of Organization
For
T Aragon LLC**
Florida Limited Liability Company

FILED

2021 MAR 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is T Aragon LLC

ARTICLE II - Address:

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

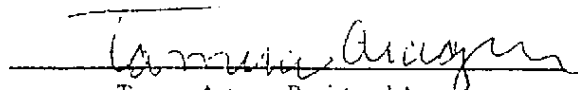
2840 W Bay Drive #145
Belleair Bluffs, FL 33770

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

The name and the Florida street address of the registered agent are:

Tamera Aragon
2840 W Bay Drive #145
Belleair Bluffs, FL 33770

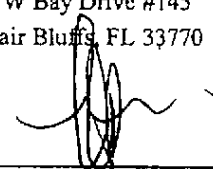
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Tamera Aragon, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Tamera Aragon
2840 W Bay Drive #145
Belleair Bluffs, FL 33770


Carri Brown, Organizer