L21000196265

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PCK-JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800365657058

021 HAY -5 PM 12:

2021 HAY

ECHAY -5 MID: US

DECHIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850:656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/5/21

(**PRIORITY**) Routine

OUR REF_#_(Order_ID#)] Bev

ORDER ENTITY, Tyrone Enterprises, LLC

Tyrone Enterprises, LLC

Please file the attached articles.

NOTES:

\$125.00 Authorized

Email address for annual report reminders: ronaldjbom@aol.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

A	R	T	ľ	C	L	Æ	I	-	N:	am	e	:
---	---	---	---	---	---	---	---	---	----	----	---	---

The name of the Limited Liability Company is:

2021 HAY -5 AM 10: 08

Tyrone Enterprises, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE

TALLARIASSEE, FL

ARTICLE II - Address:

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

<u>Principal</u>	Office Address:		Mailing Address:				
5576 Bridgetown Road	I		5576 Brigetown Road				
Cincinnati, Ohio 4524	8		Cincinnati, Ohio 45248				
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act The name and the Florida street ad	annot serve as its ow live Florida registrat	n Registered Age ion.) ed agent are:	Agent's Signature: ent. You must designate an individual or				
		Name					
	1540 Glenway Driv	e					
	Florida street addre	ss (P.O. Box NO	T acceptable)				
	Tallahassee	FL	32301				
	City	State	Zin				

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..

Meliosa A Moseau
Registered Agent's Signature (REOUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:					
"MGR" = Manager <u>MGR</u>	Ronald J. Bommer 5576 Bridgetown Road Cincinnati, Ohio 45248					
	SEC					
	MAY -5 MA					
	E, FL					
(Use attachment if necessary)						
If an effective date is listed, the date must be sp he date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed to f State's records.					
ARTICLE VI: Other provisions, if any.						
This document is execu I am aware that any fals	ember or an authorized representative of a member. tied in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.					
Ronald J. Bomm	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)