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 Division of Corporations
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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
 Account Number : 120170000097
 Phone : (727)279-5037
 Fax Number : (727)888-1294

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 ALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

shoffman@whitesandstax.com

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

White Sands Tax Solutions, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 / 08 / 17 PM 4:42



COVER LETTER

Tuesday, August 17, 2021

To: New Filing Section
Division of Corporation

Subject:
WHITE SANDS TAX SOLUTIONS, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamic Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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SECRETARY OF
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION
FOR
WHITE SANDS TAX SOLUTIONS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: White Sands Tax Solutions, LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

333 Tamiami Trail S, Suite 257
Venice, FL 34285

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Shauntelle Hoffman
333 Tamiami Trail S, Suite 257
Venice, FL 34285

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.



(sign)

Shauntelle Hoffman

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TALLAHASSEE, FL

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Shauntelle Hoffman 333 Tamiami Trail S, Suite 257 Venice, FL 34285
<u>MGR</u>	Todd VanBuskirk 333 Tamiami Trail S, Suite 257 Venice, FL 34285

ARTICLE V.

The Effective date shall be the date of filing.



(sign)

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.

Shauntelle Hoffman
Authorized Representative/Member