

L220000169.17

(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

T. SCOTT

JAN 14 2022



600379113716

01/14/22 10:10:00--01/14/22 10:10:00

22 JAN 10 PM 12:43
A. SCOTT, CLERK

Vitas J. Lukas, Attorney at Law

Post Office Box 40123, St. Petersburg, Florida 33743

Telephone: 727-251-4295; E-Mail: vlukas@tampabay.rr.com

January 7, 2022

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

VIA U. S. PRIORITY MAIL

Re: filing of Articles of Organization for TV AUTO LLC.

Dear Sir or Madam:

Enclosed please find [1] your completed **cover-letter form**, [2] the original and an extra copy of the subject **Articles of Organization**, [3] my trust account **check in the amount of \$160.00** for your filing, Certificate of Status and certified copy fees, **and [4] a postage pre-paid return Priority Mail envelope** addressed to my client, TITAS VARANAVICIUS (at 5035 Southampton Circle, Tampa, Florida 33647). Please file the Articles of Organization, issue a receipt for payment, the Certificate of Status and certified copy, and return everything to my client in the envelope provided as soon as possible.

If there is any problem with doing so, please contact me at the telephone number or e-mail address shown above. Thank you for your prompt attention to this request.

Sincerely,



Vitas J. Lukas
Attorney for Titas Varanavicius

VJL/agl
Enclosures
cc: client

COVER LETTER

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

SUBJECT: TV AUTO 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:

TITAS VARANAVICIUS

Name of Person

Firm/Company

5035 Southampton Cir.

Address

Tampa, FL 33647

City/State and Zip Code

titasv92@gmail.com

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

For further information concerning this matter, please call:

Name of Person
at (_____
Area Code
813

Daytime Telephone Number
898-6330

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

TV AUTO 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:

5035 Southampton Cir.

Tampa, FL 33647

5035 Southampton Cir.

Tampa, FL 33647

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:

TITAS VARANAVICIUS

Name

5035 Southampton Cir.

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

Tampa

FL

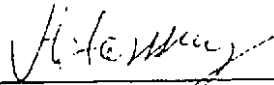
33647

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUN 10 PM 12:43

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

TITAS VARANAVICIUS

5035 Southampton Cir.

Tampa, FL 33647

(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:

T. Varanavicius

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.

TITAS VARANAVICIUS

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)