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2022 FEB 14 PM 4: 00 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TAVIRA LLC	
	An estat Silva
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
N	UCC 11 Search
Name Date Time	UCC 11 Retrieval



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2022

CAPITAL CONNECTION

SUBJECT: TAVIRA LLC

Ref. Number: W22000011896

We have received your document for TAVIRA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Registered Agents name exactly as it appears on DOS records.

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.

Letter Number: 022A00002786

Neysa Culligan Regulatory Specialist III

COVER LETTER

	Yew Filing Sect Division of Corp			
SUBJEC	T: Tavira LLC			
			ited Liability Company	
The enclo	sed Articles of (Organization and fee(s) are	submitted for filing,	
Please ref	um all correspon	nderice concerning this ma	ter to the following:	
	Jay B, Augro	ach, Eaq,	Name of Person	
٠	KI	face of All	CROACH Firm/Company	
			Firm/Company	
	2338 Hollyw	ood Blvd.		<u> </u>
		·	Address	
	Hollywood, F	TL 33020	121.01	
	954-921-1517	GI	ty/State and Zip Code	
		-mail address: (tò be used	for future annual report notificati	on)
For furtlier		cerning this matter, please	•	•
	Jay B, Auerba Name		4 921-1517. ca Code Daytime Telephone	B Number
Enclosed	le a check for th	e following amount:		
■\$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Centificate of Status	□\$1,55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fcc, 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:

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ARTICLE II - Address	ust contain lib words "Limited.	insultry dompany,	Li,Li,Ci, Of LECT).	
	street address of the principal o	ffice of the Limited I	Liability Company is:	
	Principal Office Address:		Mailing Address:	
4909	SW 35th Perace	4907	SW 35th Terrace	
Fort lauderde	de, FL 33312	Port I	auderdale; FL 33312	
(The Limited Liability C another business entity	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	Registered Agent. Ý n.)	i's Signature: ou must designate an individual (Or .
(The Limited Liability C another business entity	ompany cannot serve as its own with an active Florida registration	Registered Agent. Ÿ nn.) I sgent are:	i's Signature: ou must designate an individual (or
(The Limited Liability C another business entity	ompany cannot serve as its own with an active Florida registration a street address of the registered	Registèréd Agent. Ý m.) I sgent are:	i's Signature: ou must designate an individual (OF
(The Limited Liability C another business entity	ompany cannot serve as its own with an active Florida registration a street address of the registered L& L Realty Group 1900 Van Buren Street	Registered Agent. Y an.) I sgent are: Name let, #B-1.	ou must designate an individual o	<u></u>
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:	
"AMBR" = Authorized Memi "MGR" = Manager	ber	
AMBR	Manuel Joseph S. Morelm	
	Manuel Josquim S. Moreira 4907 SW 33th Ter.	
	Fort Lauderdale PL 33312	
AMBR	Teres a B. Russo De Moreira	
	4907 SW 35th Ter. Fort Laudetdale PL 33312	
·	Port Enductions P.D. 33312	

(Use attachment lénecessons)		
,		
R V: Effective date, if other th	an the date of filing:	
It V: Effective date, if other the ective date is listed, the date r of filing.)	must be specific and cannot be more than five business days prior to or 90 days	
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It V: Effective date, if other the cetive date is listed, the date is filing;) the date inserted in this block ment's effective date on the D	must be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements; this date will not be if epartment of State's records.	
EV: Effective date, if other the cerive date is listed, the date is filing.) the date inserted in this blockment's effective date on the Die EVI: Other provisions, if any.	must be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filling requirements; this date will not be if epartment of State's records.	
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E V: Effective date, if other the cetive date is listed, the date is filling.) the date inserted in this block ment's effective date on the Disease. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature:	does not meet the applicable statutory filing requirements; this date will not be if epartment of State's records. The of a member on an authorized representative of a member, it is executed in accordance with section 605,0203 (1) (6), Florida Statutes.	
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5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Options)
5 5.00 Certificate of Status (Optional)