

L22000075674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

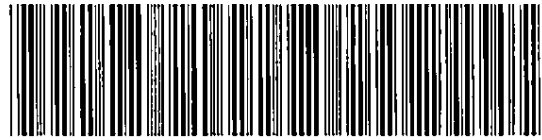
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL 060

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Department of State  
Division of Corporations  
Date: 02/23//22

American Expediting (Stealth Courier)  
1531 Commonwealth Business Dr.  
Ste 105  
Tallahassee, Fl. 32303  
850-294-5632

## **Stealth Courier Box**

Company: Tisac Fund 1 GP LLC  
Requester: Meridian Partners  
Order: 13780496



Department of State  
Division of Corporations  
Date: 02/23/22

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1531 Commonwealth Business Dr.  
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Company: Tisac Fund 1 GP LLC  
Requester: Meridian Partners  
Order: 13780496

**COVER LETTER**

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

**SUBJECT:** T15AC FUND I GP 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:

Myron McNeil  
Name of Person

DMMD Holdings LLC  
Firm/Company

10524 Moss Park Ste 204-260  
Address

Orlando, FL 32832  
City/State and Zip Code

admin@a-commodity.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myron McNeil at ( 321 ) 465-7077  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" 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)
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**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

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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:

T15AC FUND I GP 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:

10524 Moss Park Road Ste 204-260  
Orlando, FL 32832

Same as Principal Address

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:

Myron McNeil

Name

10524 Moss Park Road Ste 204-260

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

Orlando

FL

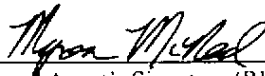
32832

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)

FILED  
SECRETARY OF STATE  
SECTION OF CORPORATIONS  
2022 FEB 23 PM 1:00

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

American Commodity Investment Group LLC  
10524 Moss Park Road Ste 204-260  
Orlando, FL 32832

MGR

Ten15 Capital LLC  
8563 Andover Bridge Court  
Orlando, FL 32829

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DEPARTMENT OF REVENUE  
2022 FEB 23 PM 1:00

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

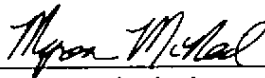
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



**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.

Myron McNeil

Typed or printed name of signer

**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)