

L22000163820

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H220001375603)))



H220001375603ABC

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To:

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

From:

Account Name : WISE TAX FIRM INC.
Account Number : 120210000018
Phone : (786)620-0001
Fax Number : (786)227-6631

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

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 APR 19 AM 12:44

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
TECAM USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TECAM USA 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:

ROGELIO TAVIO

Name of Person

TECAM USA LLC

Firm/Company

25349 SW 116TH AVE

Address

DOMESTEAD, FL 33032

City/State and Zip Code

ROGELIOTAVIO@GMAIL.COM

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

For further information concerning this matter, please call:

ROGELIO TAVIO

786

3971621

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 19 AM 12:44

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TECAM USA 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:

ROGELIO TAVIO

25349 SW 116TH AVE

HOMESTEAD, FL 33032

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:

ROGELIO TAVIO

Name

25349 SW 116TH AVE

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

HOMESTEAD

FL

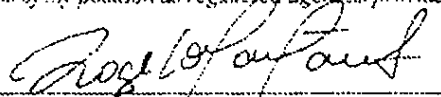
33032

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)

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2022 APR 19 AM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AMBR

ROGELIO TAVIO
25349 SW 116TH AVE
HOMESTEAD, FL 33032

AMBR

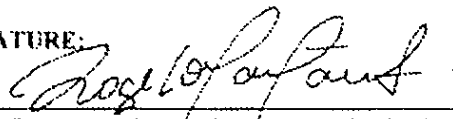
NAYOSCA BLANCO
25349 SW 116TH AVE
HOMESTEAD, FL 33032

(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.

ROGELIO TAVIO

Typed or printed name of signee

2022 APR 19 AM 12:44
 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32304

FILED



April 19, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WISE TAX FIRM INC

SUBJECT: TECAM USA INC
REF: W22000052104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Andrea Cooper-Brown
Regulatory Specialist II

FAX Aud. #: H22000137560
Letter Number: 022A00009155

If you have any further questions concerning your document, please call (850) 245-6052.

Andrea Cooper-Brown
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000137560
Letter Number: 022A00009155