

L22000175974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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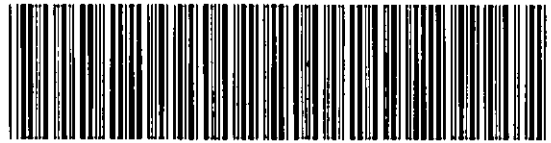
(Business Entity Name)

(Document Number)

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22 APR - 7 PM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. CHATHAM  
APR 29 2022



Schenk & Associates, PLC  
Counselors at Law

April 2, 2022

*Via Certified Mail*

*Tracking #70182290000208443398*

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: New Filing - - Articles of Organization for Tai-Dynamics, LLC,  
a Florida limited liability company**

Dear New Filing Section,

Enclosed please find the following new filing:

1. Cover Letter
2. Articles of Organization for Tai-Dynamics, LLC
3. Schenk & Associates check payable to the Florida Department of State in the amount of \$160.00

Should you have any questions, please do not hesitate to contact our office. My legal assistant Robert can always be reached at [robert@schenklawgroup.com](mailto:robert@schenklawgroup.com)

We thank you for your courtesies and kind assistance, and remain

Very truly yours,

Maximilian Schenk, Esq.  
For the Firm

MJS/rwh  
enclosures as indicated

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22 APR - 7 PM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32312

**COVER LETTER**

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

**SUBJECT:** Tai-Dynamics, 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:

Maximilian Schenk, Esq.

\_\_\_\_\_  
Name of Person

Schenk & Associates, PLC

\_\_\_\_\_  
Firm/Company

606 Bald Eagle Drive, Suite 612

\_\_\_\_\_  
Address

Marco Island, Florida 34145

\_\_\_\_\_  
City/State and Zip Code

jeannesommer@yahoo.com

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

For further information concerning this matter, please call:

Robert Hock

239

394-7811

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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

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22 APR - 7 PM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tai-Dynamics, 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:

13 High Point Circle North, Unit 110  
Naples, Florida 34103

Mailing Address:

13 High Point Circle North, Unit 110  
Naples, Florida 34103

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:

Jeanne C. Sommer

Name

13 High Point Circle North, Unit 110

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

Naples

Florida

34103

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.*

Jeanne C. Sommer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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22 APR - 7 PM 10:21  
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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

Jeanne C. Sommer  
13 High Point Circle North, Unit 110  
Naples, Florida 34103

AMBR

John N. Jordan  
17 High Point Circle North, Unit 110  
Naples, Florida 34103

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

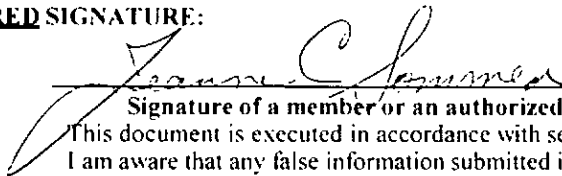
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Jeanne C. Sommer

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)

**FILED**  
22 APR - 7 PM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA