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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : EXPERTAX
Account Number : I20200000010
Phone : (407)777-7470
Fax Number : (321)206-9743

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

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**FLORIDA LIMITED LIABILITY CO.
ACCOUNTING TAX PRO GROUP LLC**

Certificate of Status	1
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Page Count	04
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May 20, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPERTAX

SUBJECT: ACCOUNTING TAX GROUP LLC
REF: W22000066490

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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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000299998.

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

Dil Sultana
Regulatory Specialist II

FAX Aud. #: B22000177818
Letter Number: 322A00011580

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACCOUNTING TAX PRO GROUP 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.

Name of Person	OFFICE OF THE CLERK OF THE STATE TALLAHASSEE, FL
EXPERTAX FINANCIAL LLC	
Firm/Company	
4106 SOUTH ORANGE BLOSSOM TRAIL	
Address	
KISSIMMEE, FL 34746	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

WILLIAM MOGIOLLON	407	574-6677
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)
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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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCOUNTING TAX PRO GROUP 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:4106 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 347463469 W. VINE ST
KISSIMMEE, FL 34741

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:

EXPERTAX FINANCIAL LLC

Name

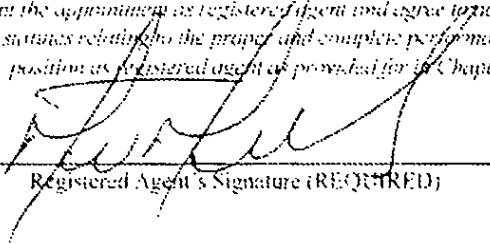
4106 SOUTH ORANGE BLOSSOM TRAILFlorida street address (P.O. Box NOT acceptable)KISSIMMEEFLORIDA34746

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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 TALLAHASSEE, FL

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ARTICLE IV-

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

EXPERTAX FINANCIAL LLC
 3469 W. VINE ST
 KISSIMMEE, FL 34741

MBR

DMC ACCOUNTING & TAX
 2066 LIVE OAK RIDGE RD
 KISSIMMEE, FL 34746

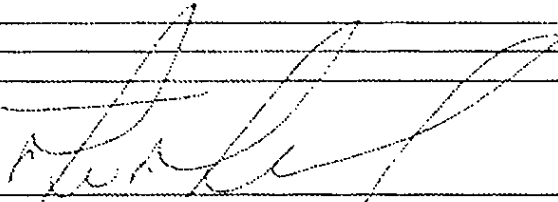
(Use attachment if necessary)

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 Statute.
 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 §817.155, F.S.

EXPERTAX FINANCIAL LLC / WILLIAM MOGOLLON

Typed or printed name of signer

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 2022 MAY 23 AM 8:05
 EXPERTAX FINANCIAL LLC

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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)

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