

L22000254058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

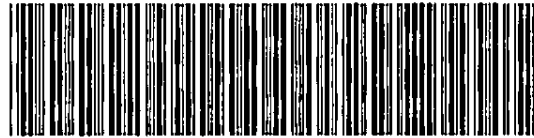
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000385533270

04/12/22--0.119--029 **125.00

2022 JUN -8 PM 6:12
FILED
U.S. DEPT. OF JUSTICE

L
W22000057369



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUN -8 AM 10:18

CORPORATIONS
COMMERCIAL
SERVICES

May 3, 2022

MELISSA MASHAW-KEEN
220 W BRANDON BLV, SUITE 200
BRANDON, FL 33511 US

SUBJECT: TAMPABAYCPR.COM, LLC
Ref. Number: W22000057369

We have received your document for TAMPABAYCPR.COM, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please remove "owner" as title.

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.

Dil Sultana
Regulatory Specialist II

Letter Number: 922A00010222

2022 JUN -8 PM 6:12
RECEIVED
CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

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

SUBJECT: TAMPABAYCPR.COM, 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:

MELISSA MASHAW-KEEN

Name of Person

TAMPABAYCPR.COM, LLC

Firm/Company

220 W BRANDON BLV, SUITE 200

Address

BRANDON, FL 33511

City/State and Zip Code

tampabaycpr@verizon.net

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

For further information concerning this matter, please call:

MELISSA MASHAW-KEEN	813	528-1300
at ()	813	716-3026
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 type="checkbox"/> \$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

2022 APR 18 PM 6:12

1000000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMPABAYCPR.COM, 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:

220 W BRANDON BLV, SUITE 200
BRANDON, FL 33511

Mailing Address:

2606 BONTERRA BLV
VALRICO, FL ~~33564~~ 33594

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:

Melissa Meshaw-Keen
Name

2606 BONTERRA BLV
Florida street address (P.O. Box **NOT** acceptable)

<u>VALRICO</u>	<u>FL</u>	<u>33594</u>
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, and 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.

Melissa Meshaw-Keen
Registered Agent's Signature (REQUIRED)

4/6/2022 5:09

(CONTINUED)

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:

Mashaw

MGR
PRESIDENT/OWNER

MELISSA MASHAW-KEEN
2606 BONTERRA BLV
VALRICO, FL 33594

AMBR

ROBERT KEEN
2606 BONTERRA BLV
VALRICO, FL 33594

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/18/2022 (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:

Melissa Mashaw-Keen 4/6/2022

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.

MELISSA MASHAW-KEEN

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)