# 22000279265

## 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 : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

F 2 1				
FWGIT	Address:			

22 JUN 20 PM 4: 46

## FLORIDA LIMITED LIABILITY CO.

### TA Carmel LLC

Certificate of Status	0
Certified Copy	0
Page Count	U2
Estimated Charge	\$125.00

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SECRETARY OF STATE
ALL ANACCES STATE

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

TA Carmel 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:
7632 Southside Blvd	7632 Southside Blvd
Apt # 251	Apt # 251
JACKSONVILLE, FL. 32256	JACKSONVILLE, FL. 32256

#### 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:

Veorp Services, LLC		
	Nina	
1200 South Pine Isla	ind Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Civ	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. Thereby accept the appointment as registered agent and agree to act in his 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 Capter 605, FS

By: Miriam Nachison, Assistant Secretary

Registered Agent's Signature (EQ) RED

(CONTINUED)

2 JUN 20 PM 12: 35
ECRETARY OF STATE
ATTACKS OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Triple Alpha U.S.A INC 7632 Southside Blyd Apt # 251
	JACKSONVILLE, FL. 32256
effective date is listed, the date must b	date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior to or 90 day
CLEV: Effective date, if other than the effective date is listed, the date must be to of filing.)  If the date inserted in this block does becament's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
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\$ 5.00 Certificate of Status (Optional)