

L 23000000 7350

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.

((H23000003598 3)))



H230000035983ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
TN SOLUCIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2023 JAN -6 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H230000003598 3

2023 JAN -6 PM 4:39



January 5, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXERTAX

SUBJECT: TN SOLUTIONS LLC
REF: W23000000707

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.

You must sign the complete/legal name of the individual (s) signing the document in each signature block.

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

Tim Burch
Senior Section Administrator

FAX Aud. #: H23000003598
Letter Number: 023A00000237

423000003598 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TN SOLUCIONS 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:

ANTONIO NUNEZ

Name of Person

Firm/Company

206 VERVAIN AVE

Address

DAVENPORT, FL, 33837

City/State and Zip Code

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

For further information concerning this matter, please call:

ANTONIO NUNEZ

407

738-0010

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 510
Tallahassee, FL 32303

423000003598 3

H23000003598 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TN SOLUTIONS 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:206 VERVAIN AVE
DAVENPORT, FL 33837206 VERVAIN AVE
DAVENPORT, FL 33837

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:

ANTONIO NUNEZ

Name

206 VERVAIN AVEFlorida street address (P.O. Box **NOT** acceptable)DAVENPORTFLORIDA33837

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.

Antonio Nunez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JAN -6 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000003598 3

H23000003598 3

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:MBRANTONIO NUNEZ
206 VERVAIN AVE
DAVENPORT, FL 33837

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023 (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:**Antonio Nunez

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.

ANTONIO NUNEZ

Typed or printed name of signer

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)

H23000003598 3