

**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.

((H23000048580 3)))



H230000485803ABC/

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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.**  
**TYLER WALL ASSOCIATES LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2023 FEB 7 7:11:31

23 FEB -7 7:10:35

H23000048580

**COVER LETTER**

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

**SUBJECT:** Tyler Wall Associates 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:

Elizabeth St. Pierre

Name of Person

Geary, Porter & Donovan

Firm/Company

16475 Dallas Parkway, Suite 400

Address

Addison, TX 75001

City/State and Zip Code

bstpierre@gpd.com

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

For further information concerning this matter, please call:

Elizabeth St. Pierre

972

349-2227

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

H23000048580

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000048580

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tyler Wall Associates 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:**12037 Glacier Bay Drive,  
Boynton Beach, FL 33473**Mailing Address:**12037 Glacier Bay Drive  
Boynton Beach, FL 33473**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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.*

Capitol Corporate Services, Inc.By Taylor Seay, as Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H23000048580

23 FEB -7 6:13:35

H23000048580

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGF

**Name and Address:**

Neil Tepper

12037 Glacier Bay Drive

Boynton Beach, FL 33473

(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:**

/s/ Neil Tepper

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0205 (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.

Neil Tepper

\_\_\_\_\_  
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)

23 FEB - 7 PM 12:35

H23000048580