

L23 000 143 235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

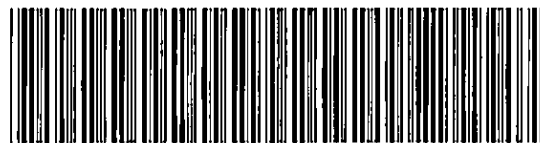
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900404080409

03/10/23--01003--017 **640.00

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Denise A. Lettau
Attorney at Law
1025 E. Hallandale Beach
Ste. 15-980
Hallandale Beach, FL 33009-4478
dalettau@gmail.com
Tel. 954.296.0493

February 6, 2023

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: New Filing

To Whom It May Concern:

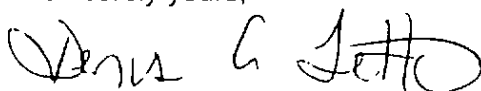
Enclosed please find filings for four separate LLCs, namely, TTL1, LLC., TTL2, LLC., TTL3, LLC., TTL4, LLC. Enclosed please find a money order for \$640 for the filing fees.

The registered agent for these four entities was not present in Broward county while the paperwork was being prepared. Her signature was obtained via email. Ms. Kokeny printed out the pages, signed, scanned and emailed the required page(s) to me.

Should this be an issue, please reach out to me at your earliest convenience at either my email address: dalettau@gmail.com or Tel. 954.296.0493.

I thank you in advance.

Sincerely yours,



Denise A. Lettau
FL Bar #14506

2023 Feb 10 PM 1:49
ED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TTL1, 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:

Timea Lewis

Name of Person

Firm/Company

3200 N. Ocean Blvd, #1203

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

timealewis11@gmail.com

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

For further information concerning this matter, please call:

Denise Lettau

954

296-0493

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

2023 Nov 10 PM 1:49
STATE
CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TTL1, 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:

3200 N. Ocean Blvd #1203
Fort Lauderdale, FL 33308

Mailing Address:

3200 N. Ocean Blvd #1203
Fort Lauderdale, FL 33308

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:

Kokeny Szonja

Name

12 NE 19th Court, #115A

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

Wilton Manors

FL

33305

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)

2023.11.10 PM 1:49
STATE
OF FLORIDA
JD

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:

MGR

Timea Lewis
3200 N. Ocean Blvd #1203
Fort Lauderdale, FL 33308

(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:

X 

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.

Timea Lewis

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)

2023 Nov 10 PM 1:49
FILED
CLERK OF THE
DEPARTMENT OF
STATE

ED