

# L230000210517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

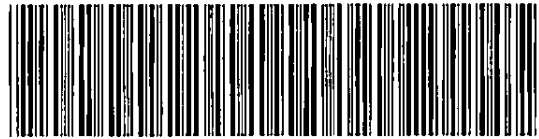
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 APR 26 AM 4:28  
TALLAHASSEE, FL

W23000045116

DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2023 APR 26 PM 2:07  
CORPORATIONS  
COMMERCIAL  
SERVICES

April 4, 2023

JO HARROSON  
TNC GROUP, LLC  
3236 SCARLET Tanager CT  
PORT SAINT LUCIE, FL 34952 US

SUBJECT: TNC GROUP, LLC  
Ref. Number: W23000045116

We have received your document for TNC GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000007103.

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: 923A00007596

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2023 APR 26 AM 4:28

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NAME: TOM NADLER CONSULTING GROUP, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOM NADLER CONSULTING

~~TNS~~ GROUP, 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:

3236 SCARLET Tanager CT  
PORT SAINT LUCIE, FL  
34952

SAME

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:

JO HARRISON

Name

3236 SCARLET Tanager CT

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

PORT SAINT LUCIE, FL 34952

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Jo Harrison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 APR 26 AM 12:28  
TALLAHASSEE STATE

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

JO HARRISON

3236 SCARLET Tanager Ct  
PORT SAINT LUCIE, FL 34952

TOM NADLER

3236 SCARLET Tanager Ct  
PORT SAINT LUCIE, FL 34952

(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.

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TALAMASSEE, FL  
DEPT. OF STATE

**REQUIRED SIGNATURE:**

Jo Harrison

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.

JO HARRISON

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)