

# L23000204453261

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.

((H23000204445 3)))



H230002044453261

**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.  
SERVICES ACCOUNTING & TAX LLC

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

RECEIVED

2023 JUN -6 PM 3:10

CORPORATIONS  
RECEIVED

ALL A.S.S.E.T. Corp.

2023 JUN -6 AM 10:48

Electronic Filing Menu

Corporate Filing Menu

Help

H230002044453

H23000204445 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SERVICES ACCOUNTING & TAX 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:

Name of Person

EXPERTAX FINANCIAL LLC

Firm/Company

12957 S ORANGE BLOSSOM TRAIL

Address

ORLANDO, FL, 32837

City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM MOGOLLON

407

574-6677

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2023 JUN -6 AM 10:48

H23000204445 3

H23000204445 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICES ACCOUNTING & TAX 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:12957 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 328373469 W VINE ST  
KISSIMMEE, FL 34741

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

EXPERTAX FINANCIAL LLC

Name

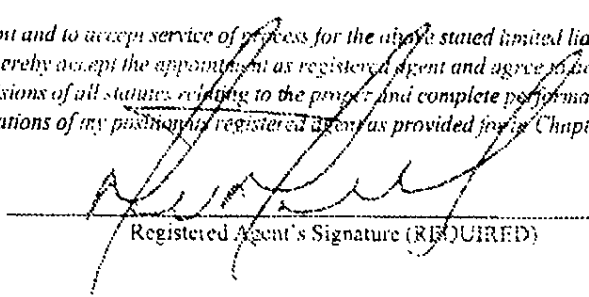
12957 S ORANGE BLOSSOM TRAILFlorida street address (P.O. Box **NOT** acceptable)ORLANDO FLORIDA 32837

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)

TALLAHASSEE, FLORIDA

2023 JUN -6 AM 10:48

H23000204445 3

H2300020445 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

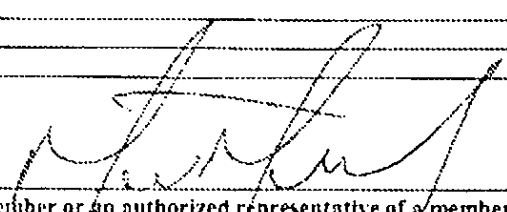
"MGR" = Manager

**Name and Address:**MBREXPERTAX FINANCIAL LLC  
3469 W VINE ST  
KISSIMMEE, FL 34741MBRGALVIZ SERVICES LLC  
309 PINEYWOODS ST  
SAINT CLOUD, FL 34772

(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:**  
\_\_\_\_\_  
**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.EXPERTAX FINANCIAL LLC / WILLIAM MOGOLLON

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)

H2300020445 3