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.

(((H23000229184 3)))



H230002291843ABC+

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 : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

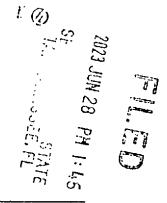
INFO@TAXSPRO.COM

Email Address:

3 JUN 28 PM 1:53

FLORIDA LIMITED LIABILITY CO. TM TRILLIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Sec Division of Con							
SUBJEC	TM TRILL	IS LLC						
JC COD.		Name o	of Limite	d Liabili	ly Company			
The encl	osed Articles of	Organization and fee	(s) are su	bmitted	for filing.			
Please re	turn all correspo	ondence concerning th	is matter	to the fo	ollowing:			
	ANWARIA	UELLO						
			7	ame of	Person			
	TAX S PRO	CORP						
			į	irm/Cor	npany			
	8030 PINES	BLVD						
			_	Addro	SSS			
	PEMBROK	E PINES , FLORIDA	33024					
	INFO@TAX	SPRO.COM	City/	State and	Zip Code			
			used for	future a	anual report notification))		
For furthe	r information co	ncerning this matter, j	please cal	.l:				
	ANWAR PU		786 u (3 07273 3			
	Nam	e of Person			Daytime Telephone	Number		
Enclosed	l is a check for t	he following amount:						
≣\$ 125.	00 Filing Fee	☐\$130.00 Filing F Certificate of State	s	Certifie	.00 Fiting Fee & d Copy I copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status &	
	New F Divisio P.O. B	E Address iling Section on of Corporations ox 6327 assee, FL 32314		-	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	isec t, Suite 810	SI TAL TO THE PARTY OF THE	35.31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TM TRILLIS LLC	
(Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
LE II - Address	
LE II - Address: iling address and street address of the principal office	of the Limited Liability Commany is:
LE II - Address: iling address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
iling address and street address of the principal office	

The name and the Florida street address of the registered agent are:

TAX S PRO CORP		
N	lame	
8030 PINES BLVD		
Florida street address (F	P.O. Box NOT acce	puble)
PEMBROKE PINES	FLORIDA	33024
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 neglistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 28 PM 1:46

夏4:

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	TORRES . YILDA 804 NW 76TH TERR FT LAUDERDALE. FLORIDA 33324
(Use attachment if necessary)	
F V. Effective data if other than the 4n	ate of filing: 06/28/2023 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
fective date is listed, the date must be s of filling.) f the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must be so of filing.) If the date inserted in this block does not iment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must be so of filling.) If the date inserted in this block does not iment's effective date on the Department. E VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will not be nt of State's records.
fective date is listed, the date must be so of filling.) If the date inserted in this block does not iment's effective date on the Department. E VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will no

Filing Fees:

Typed or printed name of signee

\$125.00 Flling Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

YILDA TORRES