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(F	Requestor's Name)
(<i>f</i>	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Tallapalooza, 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:
Gloria Darling Name of Person
Name of Person
Firn√Company
3459 Falmouth Court Address
Address
City/State and Zip Code glomagnolia Egmail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
glomagnolia Egmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S150.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □S125.00 Filing Fee & □S150.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tallapalooza, 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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
3459 Falmouth Court	3459 Falmouth Court

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sloria M. Darling
Name

3459 Falmouth Court

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

Tallahassee FL 32317

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..

istered Agent 3 Signature (REQUIRED)

(CONTINUED)

No COLON

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AmBR	Gloria M. Darling 3459 Falmouth court Tallahassee, FL 32317
(Use attachment if necessary)	
the date of filing.)	of filing:
Signature of a men This document is execute I am aware that any false	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Optional)

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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)