

11/15/23, 1:56 PM

Division of Corporations

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.

(((H23000395540 3)))



H230003955403ABC+

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 : FERNANDEZ LEGAL
Account Number : I20190000058
Phone : (407)574-5009
Fax Number : (407)574-5953

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

Email Address: arepalamontana@aol.com

FLORIDA LIMITED LIABILITY CO.**TM Alliance Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000395540 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

TM ALLIANCE GROUP LLC

ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is:

1421 Hamlin Ave
Saint Cloud, FL 34771

The mailing address of the Limited Liability Company is:

1421 Hamlin Ave
Saint Cloud, FL 34771

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

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

Maria Taborda
1421 Hamlin Ave
Saint Cloud, FL 34771

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, Florida Statutes.

MARIA TABORDA

By: _____

(Registered Agent's Signature)

Maria Taborda

((H23000395540 3)))

((H23000395540 3))

ARTICLE IV – Authorized Person(s)

The name and address of the person authorized to manage this Limited Liability Company is:

Title: MGR
Maria Taborda
1421 Hamlin Ave
Saint Cloud, FL 34771

ARTICLE V – Effective Date

The effective date for this Limited Liability Company shall be:

November 13, 2023.

MARIA TABORDA

Maria Taborda

(Signature of a member or an authorized representative of a member)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

((H23000395540 3))