L24000172345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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04/02/24--01720 -019 **130.00

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2024 APR -2 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

T. MATTHEWS

APR 16 2024

AB

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2024

MASON ROSENBERG
21203 LAGO CIR #15B
BOCA RATON, FL 33433 US

SUBJECT: TSA ATM LLC.
Ref. Number: W24000059618

We have received your document for TSA ATM LLC. and check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 424A00008147

**COVER LETTER**

**TO: New Filing Section**
**Division of Corporations**

**SUBJECT:** TSA ATM 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:

Mason Rosenberg
Name of Person

TSA ATM LLC.
Firm/Company

21203 Lago Cir. #15B
Address

Boca Raton, Florida, 33433
City/State and Zip Code

mrosenberg1381@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mason Rosenberg at (847) 340-5523
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

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

TSA ATM 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:** |
|---|---|
| 21203 Lago Cir. #15B | 21203 Lago Cir. #15B |
| Boca Raton, Florida, 33433 | Boca Raton Florida, 33433 |

**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:

Mason Rosenberg
Name

21203 Lago Cir. #15B
Florida street address (P.O. Box **NOT** acceptable)

| Boca Raton | Florida | 33433 |
|---|---|---|
| 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..*

Mason Rosenberg
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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

| **Title:** | **Name and Address:** |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| AMBR | Mason Rosenberg<br>21203 Lago Cir. #15B Boca Raton, Florida, 33433 |
| | |
| | |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A. (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:**

Mason Rosenberg

**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.

Mason Rosenberg
Typed or printed name of signee

**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)**