

C2400021 3631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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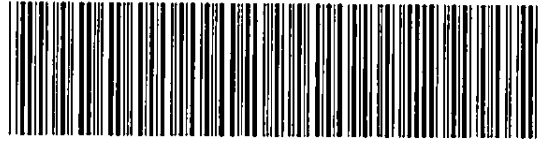
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
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PICK UP: BROOK 5/13

CERTIFIED COPY

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LLC

1. TANVEER & LUNA CORNER MARKETS LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TANVEER & LUNA CORNER MARKETS 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:

REKHA PEDNEKAR

Name of Person

ADVANTAGE ACCOUNTING & TAX LLC

Firm/Company

2700 N MILITARY TRAIL, SUITE 200

Address

BOCA RATON, FL 33431

City/State and Zip Code

REKHA@ADVANTAGE.CPA

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

For further information concerning this matter, please call:

REKHA PEDNEKAR

561

687-6466

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

2024 MAY 14 PM 9:47
TALLAHASSEE, FL
STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TANVEER & LUNA CORNER MARKETS 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:

2501 ORANGE AVE
FORT PIERCE, FL 34947

Mailing Address:

1126 MARABELLA AVE
FORT PIERCE, FL 34947

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:

TANVEER BHUIYAN

Name

1126 MARABELLA AVE

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

FORT PIERCE FL 34947

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..

T Bhuiyan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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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:

MGR

TANVEER BHUIYAN
1126 MARABELLA AVE
FORT PIERCE, FL 34982

AMBR

IFSANA LUNA
1126 MARABELLA AVE
FORT PIERCE, FL 34982

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/13/2024. (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:

T Bhuiyan

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.

TANVEER BHUIYAN

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)

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TALLAHASSEE, FL
DEPT OF STATE

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