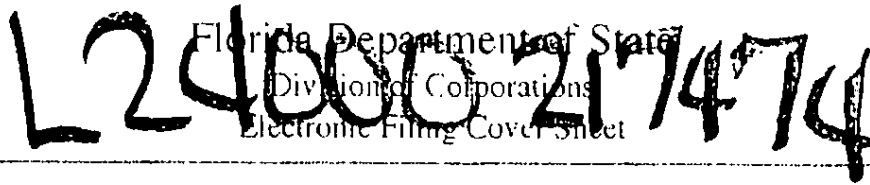


5/14/24, 5:26 PM

Division of Corporations



**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.

(((H24000174490 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
Fax Number : (954)697-0359

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

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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
TAHJ MARKET LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T.J.H.  
5/16/24

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**TAHJ MARKET LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**1070 MONTGOMERY RD #705**

**ALTAMONTE SPRINGS, FL 32714**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

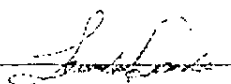
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**BOOKSLY, LLC**

**6919 SW 18<sup>th</sup> STREET STE 222**

**BOCA RATON, FL 33433**

*Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.*



Registered Agent (Signature)

**ARTICLE IV – MANAGERS**

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

Name: **TORY LEWIS**

Title: **MGMB**

Address: **1070 MONTGOMERY RD #705**

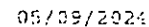
**ALTAMONTE SPRINGS, FL 32714**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filling date**.

**REQUIRED SIGNATURE:**

TORY LEWIS - Member or AMBR



Date