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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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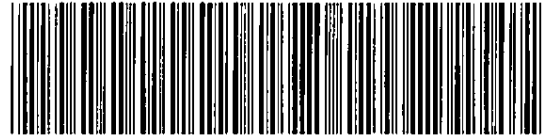
(Business Entity Name)

(Document Number)

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01/08/25--01010--004 **155.00

2025 JAN -8 AM 11:03

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TLM LOMBARDI ALTMAN COMMERCIAL CONSTRUCTION & ENGINEERING,
Name of Limited Liability Company LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA LOUISE MANGIARDI
Name of Person

TLM LOMBARDI ALTMAN COMMERCIAL CONSTRUCTION & ENGINEERING,
Firm/Company LLC.

808 N. FRANKLIN STREET UNIT # 1411
Address

TAMPA, FL 33602
City/State and Zip Code

TINATLMENGINEERING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA L. MANGIARDI at (813) 393-8755 8755
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TUM LOHIBARDI AUTMAN COMMERCIAL CONSTRUCTION & ENGINEERING, 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:

808 N. FRANKLIN STREET UNIT # 1411
TAMPA, FL 33602

Mailing Address:

808 N. FRANKLIN STREET UNIT #1411
TAMPA, FL 33602

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:

THE LAW OFFICE OF MARCEL P. RANKIN, P.A.
Name
1410 N. WESTSHORE BLVD. SUITE 200
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33607
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

"MGR" = Manager

MGR

TINA MANGIARDI

808 N. FRANKLIN STREET UNIT # 1411
TAMPA, FL 33602

AMBR

MICHAEL LOMBARDI

69 BURLINGAME ROAD
CRANSTON, RI 02921

AMBR

RYAN ALTMAN

3107 ROWING ACRES PL
VALENCIA, FL 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 7, 2025 (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:

Tina L. Mangiardi

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.

TINA L MANGIARDI

Typed or printed name of signer

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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CLERK OF COURT
STATE OF FLORIDA