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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305) 379-7907
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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FOREIGN LIMITED LIABILITY COMPANY

TAMS SETTLEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **TAMS SETTLEMENT SERVICES, LLC**
(Name of foreign limited liability company)
2. **NEW YORK**
(Jurisdiction under the law of which foreign limited liability company is organized)
3. **13-4211261**
(FEI number, if applicable)
4. **7/25/2002**
(Date of Organization)
5. **Perpetual**
(Duration: Year limited liability company will cease to exist or "perpetual")
6. **UPON QUALIFICATION**
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. **514 N. Halifax Ave., Daytona Beach, FL 32118**
(Street address of principal office)

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8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

Christina Cidoni, 125 Carleton Ave, Islip Terrace, NY 11752

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **All Lawful Business**

x **Christina Cidoni**
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christina Cidoni

Typed or printed name of signer

Florida Incorporators, Inc.
8875 Hidden River Pkwy Ste 300
Tampa, FL 33637 (813) 632-7882

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TAMS SETTLEMENT SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

Nanette Zolfen

(Name)

514 N. Halifax Ave.

Florida street address (P.O. Box NOT ACCEPTABLE)

Daytona Beach

FL

32118

(City/State/Zip)

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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 608, F.S.

x Christina Cironi
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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State of New York
Department of State | **ss:**

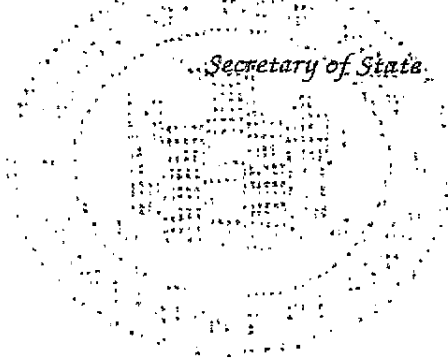
I hereby certify, that TAMS SETTLEMENT SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/25/2002, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of October
two thousand and two.*



Secretary of State

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TALLAHASSEE, FLORIDA

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