# P950000 31908

# TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 E0000000144350556 -03/21/05--0103--012 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: TAX CERTIFICATE LIMITED LIABILITY CONTAINS (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our clleck for  $\frac{70}{20}$ .

FROM:

A.TUCKER Name (printed or typed) 2915 SW 13 S F Address MIAMI, IFL 3314-5 City, State, & Zip



Telephone Number

W95.6352 KJ.

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 22, 1995

J. TUCKER 2915 SW 13 STREET MIAMI, FL 33145

#### SUBJECT: TAX CERTIFICATE LIMITED LIABILITY COMPANY Ref. Number: W95000006352

We have received your document for TAX CEHTIFICATE LIMITED LIABILITY COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

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 (904) 487-6924.

Sharon Tala Document Specialist Supervisor

Letter Number: 995A00012896

THIS IS NOT A LIMITED LIABILITY COMPANY UNDER FLORIDA STATUTES. IT IS A RECYLAR FOR PROFIT CORDORATION. PLEASE FILE AS-IS, AS A REGULAR CORDORATION. TA 4-19-95 305-273-5517

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF INCORPORATION OF



TAX CERTIFICATE LIMITED LIABILITY COMPANY

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

TAX CERTIFICATE LIMITED LINBILITY CONPANY

# ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2915 54 13 57 MIRMUN, FL 33145

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 0 \$1,00

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1. TUCKER 2915 54 13 55 MIMLI, FL 23145

#### AHTICLE V INCORPORATOR(S)

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The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

S. TUCKUR 2415 St. 13 ST Intukurii, FC - 33145

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 1 day of MARCH, 1995

Jehn Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

TAX GERTIFICATE LIMITED LIABILITY COMPANY .

2. The name and address of the registered agent and office is:

.

J. TYCKER	
(NAME)	
2915 5- 13 51	
(P.O. BOX <u>NOT</u> ACCEPTABLE)	10
	The second se
(CITY/STATE/ZIP)	

HAVING BELN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATU	RE Stales	<u> </u>
DATE	3/14/75	

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