

L 22 000220603

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220001778183ABCS

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

From: Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

FLORIDA DEPARTMENT OF STATE

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\*\*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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FLORIDA LIMITED LIABILITY CO.  
ACCOUNTING TAX PRO GROUP LLC

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Certified Copy	0
Page Count	04
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2022

EXPERTAX

SUBJECT: ACCOUNTING TAX GROUP LLC  
REF: W22000066490

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000177818  
Letter Number: 322A00011580

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ACCOUNTING TAX PRO GROUP 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.

Name of Person
EXPERTAX FINANCIAL LLC
Firm/Company
4106 SOUTH ORANGE BLOSSOM TRAIL
Address
KISSIMMEE, FL 34746
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

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 DEPT. TREASURY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WILLIAM MOGIOLLON	407	574-6677
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCOUNTING TAX PRO GROUP 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:

4106 SOUTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34746

Mailing Address:

3469 W. VINE ST  
KISSIMMEE, FL 34741

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:

EXPERTAX FINANCIAL LLC

Name

4106 SOUTH ORANGE BLOSSOM TRAIL

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

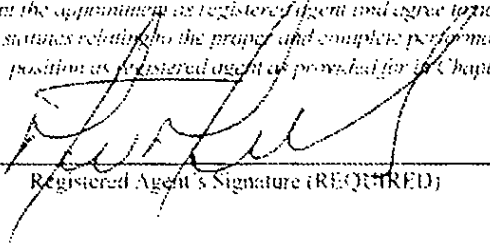
KISSIMMEE                      FLORIDA                      34746

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)

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TALLAHASSEE, FLORIDA

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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

MBR

EXPERTAX FINANCIAL LLC  
3469 W. VINE ST  
KISSIMMEE, FL 34741

MBR

DMC ACCOUNTING & TAX  
2066 LIVE OAK RIDGE RD  
KISSIMMEE, FL 34746

(Use attachment if necessary)

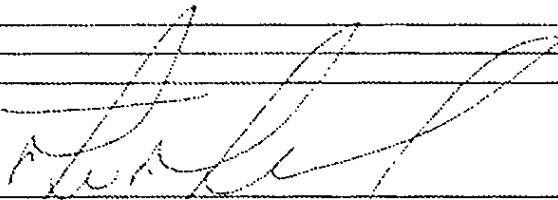
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statute. 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.

EXPERTAX FINANCIAL LLC / WILLIAM MOGOLLON

Typed or printed name of signer

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STATE OF FLORIDA

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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