

L22000379251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

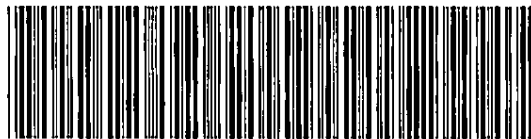
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
SEP - 1 2022

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DIVISION OF CORPORATIONS
22 AUG 31 PM 3: 12

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DIVISION

2022 AUG 31 PM 3: 59

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TG4L 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:

Paul Gellenbeck

Name of Person

Firm/Company

1001 Yamato Rd Suite 302

Address

Boca Raton FL 33431

City/State and Zip Code

paulj@gofundingadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Gellenbeck 754 266-0898

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from Acct: 120210000160

Amount: \$125.00

Authorization Sig: 
TG4L LLC

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (s) of Articles of Incorporation

Certificate of Status

NEW FILINGS

AMMENDMENTS

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

CORP

Conversion

Articles of Conversion

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTIL()

Other

Country

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TG4L 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:

2626 S OCEAN AVE #5050
DAYTONA BEACH SHORES, FL 32118

Mailing Address:

2626 S OCEAN AVE #5050
DAYTONA BEACH SHORES, FL 32118

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:

KIERRA ZACK

Name

2626 S OCEAN AVE #5050

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

<u>DAYTONA BEACH SHC</u>	<u>FL</u>	<u>32118</u>
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

KIERRA ZACK
2626 S OCEAN AVE #5050
DAYTONA BEACH SHORES, FL 32118

(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:

Kierra Zack

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.

Kierra Zack

Typed or printed name of signee

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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