Florido Perentment of Section 206 Prison of Oppositions 206

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000099524 3)))



H230000995243ABC1

To:	Divided on a C. Communication
	Division of Corporations
	Fax Number : (850)617-6381
From:	
	Account Name : CAPITOL SERVICES, INC.
	Account Number : I20160000017
	Phone : (855)498-5500
	Fax Number : (800)432-3622
	he email address for this business entity to be used for future all report mailings. Enter only one email address please.**

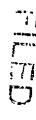
FLORIDA LIMITED LIABILITY CO. TYLER BK ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

شت		
Èlectronic	Filing	Menu

Corporate Filing Menu

Help





COVER LETTER

FI23000099524

TO:	New Filing Section Division of Corporations				
SUBJEC	TYLER BK ASSOCIATES LLC				
SCHIE		Limited Liabi	lity Company	··- <u>-</u>	
The encl	osed Articles of Organization and fee(s) are submitte	d for filing.		
Please re	turn all correspondence concerning this	matter to the	following:		
	Elizabeth H. St. Pierre				
		Name o	f Person		
	Geary, Porter & Donovan				_
		Firm/C	ompany		2023
	16475 Dallas Parkway, Suite 400				TALLA RASSEL, FL
		Add	ress		<u> </u>
	Addison, TX 75001				IS AN IASSER
		City/State a	nd Zip Code		H 157
	bstpierre@gpd.com E-mail address: (to be u	sed for future	annual report notificate	ion)	' ਜੋ ਤੋ
For furthe	r information concerning this matter, pl			,	
	Elizabeth St. Pierre	972	349-2227		
	Name of Person	Area Code	Daytime Telephon	e Number	
Enclosed	l is a check for the following amount:				
	00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee Certificate of Status	Certif	55.00 Fiting Fee & led Copy nal copy is enclosed)	■\$160.00 Fi Certificate of Certified Cop (additional cop	f Status & oy
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Fullahassee, FL 32314		Street Address New Filing Section D: The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et. Suite 810	

1123000099524

ARTICLESUF	ORGANIZATIONFO	R FLORIDA LIMI	TED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	y Company is:				
Tyler BK Associates (Must cona)		d Liability Comp	eny, "L.L.C.," or "LI.C.")		
ARTICLE II - Address: The mailing address and street ad			,		
Principa	d Office Address:		Mailing Address:		
12037 Glacier Bay Dr Boynton Beach, FL 3			12037 Glacier Bay Drive Boynton Beach, FL 33473		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ov	m Registered Age	Agent's Signature: ent. You must designate an individual c	7 20	
The name and the Florida street a	ddress of the register	ed agent are:		15 AM	
	Capitol Corporate S			MIZ: 46 SSEE, FL	100
		Name		7 E E	
	515 East Park Aver Florida street addre		T accentable)	L 21 2	
	Tallahassee	FL	32301		

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

State

City

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REOURED) Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

H23000099524

	RΊ	**	~	ı e	 17
A	ĸ		€	ľ	Y -

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:	
"MGR" – Ma	nager		
<u>MGR</u>		Neil Tepper 12037 Glacier Bay Drive Boynton Beach, FL 33473	
			1 202
		- الم المبيا	2023 HAR 1.5
(Use attachme	m if necessary)	ASSEE	
(If an effective date is I the date of filing.) Note: If the date insert	isted, the date must be spe	of filing: (OPTIONAL) (OPTIONAL) (Correction and cannot be more than five business days prior to 0.290 dependent the applicable statutory filing requirements, this date will not business records.	
ARTICLE VI: Other pr	ovisions, if any.		
REOUIRED	SIGNATURE:		
	/s/ Neil Tepper		
	This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
	Neil Tepper		
		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)