

C25000065916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

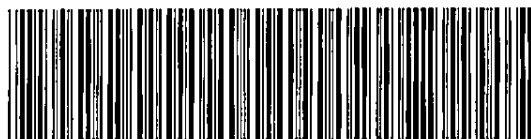
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 FEB 14 PM 3:14

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2025 FEB 14 PM 3:14
SEAL STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *Jan Felt*

TNK Powers LLC

Business Name

#Document

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NEW FILINGS

 Profit
 Not for Profit
 X LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Conversion
 Statement of Authority
 Merger

 REVOCATION OF DISSOLUTION

OTHER FILINGS

 TRANSMITTAL LETTER

 Fictitious Name

 Statement of Authority

 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 Statement of CORRECTION

 Domestication of a Foreign Corp.

 Other

EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TNK Powers 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:

Brett Isaac

Name of Person

Firm/Company

2151 University Blvd S

Address

Jacksonville FL 32216

City/State and Zip Code

Brett@isaactaxcpa.com

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

For further information concerning this matter, please call:

Brett Isaac 904 730 9264
at ()
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 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TNK Powers 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:

Mailing Address:

11196 Eston Place
Jacksonville, FL 32257

Same

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:

Talal Askar

Name

11196 Eston PLace

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

<u>Jacksonville</u>	<u>FL</u>	<u>32257</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)

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:

AMBR

Talal Askar
11196 Eston Place
Jacksonville FL 32257

AMR

Khalil Kezni
11196 Eston Place
Jacksonville, FL 32257

(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 Statutes.
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.

Talal Askar

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)