

W4000054141

(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:

7/20 FL LC

Office Use Only



900039193559

07/20/04--01043--003 **125.00

07/20/04

07/20/04 05:00:00

07/15/04

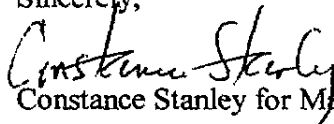
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Please find attached, the Articles of Organization for Florida Limited Liability Company for TOCOMADA, L.L.C., 8004 N.W. 154th, Suite #266, Miami Lakes, Fla. 33016. The cost for filing (\$125.00) is enclosed.

I may be reached at (786) 586 – 3259 if you have questions.

Sincerely,


Constance Stanley for Martin Tope, President

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOCOMADA, L.L.C.
(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:

Martin Tope
(Name of Person)

TOCOMADA, L.L.C.
(Firm/Company)

8004 N.W. 154th street, # 266
(Address)

Miami Lakes, Florida 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl King at 954,658-8034
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOCOMADA, L. L. C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8004 N.W. 154th street
Suite # 266
Miami Lakes, Fla. 33016

Mailing Address:

8004 N.W. 154th street
Suite # 266
Miami Lakes, Fla. 33016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

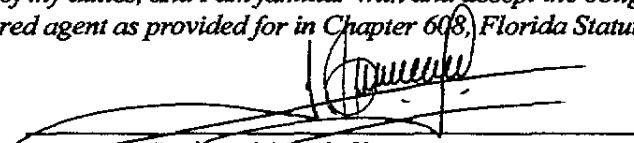
Martin Tope
Name

8004 N.W. 154th street, suite #266
Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FLORIDA 33016
City, State, and Zip

04 JUN 20 09:00

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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Martin Tope
8004 N.W. 154th, #266
Miami Lakes, Fla. 33016

Managing Member

Mariapaz Boddien Tope
8004 N.W. 154th street, #266
Miami, Lakes, Fl. 33016

Managing Member

Darryl King
8004 N.W. 154th street, #266
Miami Lakes, Fla. 33016

Managing Member

Constance Stanley
8004 N.W. 154th street #266
Miami Lakes, Fla. 33016

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Martin Tope

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)