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J. BRYAN 0CT -8 2010

EXAMINER

COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT: TON	MAS 708 LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
RAUL	OSVALDO VAI	LENZIANO	
		Name of Person	
TOMA	S 708 LLC		PEG 0 7
		Firm/Company	3 1
17050	NORTH BAY RE	D # 708	LED PH 12: 44
		Address	
SUNNY	ISLES FLORIDA	33160	000 E
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~	y/State and Zip Code	P
	E-mail address: (to be used f	or future annual report notification)	<u> </u>
For further information	n concerning this matter, please	e call:	
ROBERTO E	ENSO	at (786) 210 0801	
Nam	e 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	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	60.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOMAS 708 LLC

(Must end with 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:

17050 NORTH BAY RD # 708 SUNNY ISLES FLORIDA 33160 17050 NORTH BAY RD # 708 SUNNY ISLES FLORIDA 33160

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:

LILIANA INES RIVEROS

Name

17050 NORTH BAY RD # 708

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

SUNNY ISLES

_{FL} 33160

City, State, and 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 608, F.S..

Registered Agerit's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RAUL OSVALDO VALENZIANO
MGRM	LILIANA INES RIVEROS
	ORDA -
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mu	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pri
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific and cannot be more than five business days processed as the specific as th
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	ist be specific and cannot be more than five business days pri

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)