

L21000480143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

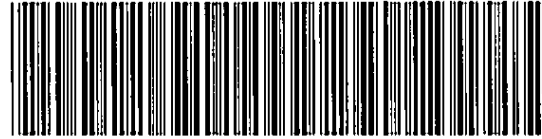
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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OFFICE OF THE CLERK
STATE OF FLORIDA

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COVER LETTER

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

SUBJECT: Microchip USA 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:

Trevor Orlando Toma

Name of Person

Microchip Vending, LLC

Firm/Company

3206 West Azeele Street, APT 129

Address

Tampa, FL, 33609, US

City/State and Zip Code

trevortoma@gmail.com

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

For further information concerning this matter, please call:

Trevor Orlando Toma 813 373-1748

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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:

Microchip USA 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:

3206 West Azeele Street, APT 129

Tampa, Florida, 33609, US

Mailing Address:

3206 West Azeele Street, APT 129

Tampa, Florida, 33609, US

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:

Trevor Orlando Toma

Name

3206 West Azeele Street, APT 129

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

Tampa

FL

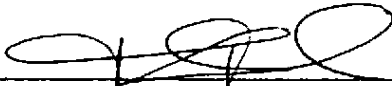
33609

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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SECRETARY OF STATE
TALLAHASSEE, FL

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:

See attachment

See attachment

See attachment

See attachment

See attachment

See attachment

See attachment

See attachment

(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.

Trevor Orlando Toma

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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PAGE 1

Title:

Name and address:

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"AMBR" = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FL

"MGR" = Manager

MGR

Microchip Vending, LLC
3206 W. Azeele St, APT 129
Tampa, FL, 33609, US

MGR

Lonestar Limited, LLC
1834 Elaine Dr
Clearwater, FL, 33760, US

MGR

YXM Enterprise LLC
401 Harbour Place Dr, APT 1208
Tampa, FL, 33602, US

MGR

Maui Consulting LLC
4201 West North A St, APT 14
Tampa, FL, 33609, US

MGR

Ralphs Microchips LLC
11007 Summer Dr
Tampa, FL, 33624, US

AMBR

Problem Solving Consultants LLC
808 N Franklin St, Unit 2508
Tampa, FL, 33602, US

Title:

Name and address:

2021 NOV -9 PM 12: 37

"AMBR" = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FL

"MGR" = Manager

AMBR

Apex Leadership 27 LLC
2524 W Frierson Ave, APT 4
Tampa, FL, 33614, US

AMBR

BT Moon Traveler, LLC
5724 Harding Blvd NE
Saint Petersburg, FL, 33703, US