# M12000Jo26

(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

G. MCLEOD

OCT 26 2012

**EXAMINER** 



300241047443

10/25/12--01029--022 \*\*160.00

12 OCT 25 PH 12: 24
S-CRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Florida..

TO:

Registration Section

Division	n of Corporations	
SUBJECT:	Tokha Dokha LLC	
	١	Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this	matter to the following:
	Tushar	Parbhu
-		Name of Person
	Tok	kha Dokha LLC
		Firm/Company
	1034 4th	Avenue South
		Address
_	Nashville,1	N 37210
		City/State and Zip Code
	tok	hadokha@gmail.com
_	E-mail address	: (to be used for future annual report notification)
For further inforn	nation concerning this matter, pl	ease call:
	Tushar Parbhu	at ( 615 ) 752-9916
··	Name of Person	Area Code & Daytime Telephone Number
Division Registrat P.O. Box	of Corporations tion Section & 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a c	check for the following amore Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  Tokha Dokha LLC
٠٠_	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil npany," "L.L.C," "LLC.")
2.	Tennessee 3. 454175128
(J	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4.	January 3,2012 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5.	N/A
·· .	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1034 4th Avenue South
-	Nashville,TN 37210
•	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here  The name and usual business addresses of the managing members or managers are as follows:
	Tushar Parbhu 1034 4th Avenue South Nashville,TN 37210
	Ahmad Almulla 231 Riverside Road Holly Hill,FL 32117
hej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida: Pipe Tobacco
_	Distribution
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
	Tushar Parbhu
	Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

f unavailable, tl	ne alternate to be used in the state of Florida is:			
Tokha Dokh LLC				
. The name an	d the Florida street address of the registered agent and office are:			
	Ahmad Almulia			
	(Name)			
	231 Riverside Road Apt. 501			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Holly Hill, FL 32117			
	City/State/Zip			

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



# STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

## **TOKHA DOKHA LLC**

October 15, 2012

1034 4TH AVE S

NASHVILLE, TN 37210-2643

Request Type: Certificate of Existence/Authorization

Request #:

0079311

Issuance Date: 10/15/2012

Copies Requested:

**Document Receipt** 

Receipt #: 835812

Filing Fee:

\$20.00

Payment-Check/MO - DAXA ARVIND PARBHU, ANTIOCH, TN

\$20.00

Regarding:

**Tokha Dokha LLC** 

Filing Type:

Limited Liability Company - Domestic

Control #:

675087

Formation/Qualification Date: 01/03/2012

Date Formed:

01/03/2012

Status:

Active

Formation Locale: TENNESSEE

**Duration Term:** 

Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### Tokha Dokha LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Nichole Hambrick

Verification #: 001803014