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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Commonweal)						
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TRANSMITTAL LETTER

SUBJECT:	Jam	es Alvin Tob	oll, LLC		_
	(Name o	f Limited Lia	bility Con	mpany)	- 11 to
he enclosed Articles	of Organization and fee	e(s) are submit	tted for fil	ling.	ON ALANSS
	Please return all corre	espondence co	oncerning	this matter to the following:	1855 X
		James A	Alvin Tob	oll	
		(Name	of Person)		
		James A	Nvin Tob	oll, LLC	
		(Firm/	Company)		_
		4701 s	w 5th pl		
		(Ad	ddress)		
		Cape Con	al,FL 339	914	
Perminante		(City/State	and Zip Co	ode)	
For further informatio	n concerning this matte	r, please call:			
James	Alvin Toboll	at (_	239) 839-9566	
(Nar	ne of Person)		(Area Co	ode & Daytime Telephone Numbe	er)

STREET ADDRESS:

TO:

Registration Section

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

ARTICLES OF OF FOUR FOUR FLORIDA LIMITED LL. ARTICLE I - Name: The name of the Limited Liability Company is:	R S S S S S S S S S S S S S S S S S S S
Ja	ames Alvin Toboll, LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4701 sw 5th pl	4701 sw 5th pl
Cape Coral, FL 33914	Cape Coral, FL 33914
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
James Alvin To	boll
Name	
Florida street address (P.O. I	Box NOT acceptable)
Cape Cor	ral, FLORIDA 33914
City, State, and	

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..

Page 1 of 2 (CONTINUED)

185.60 Mg.	
SE TALLANDES MILLS MILLS	
Oppos	
	
uested.	
	.

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)

Susan A Toboll
Typed or printed name of signee