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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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here

(Name of Limited Liability Company) ONYA SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HONY DBRZ41 (Name of Person)

(Firm/Company)

4511 LAKE CALABAY DRIVE (Address)

ORCNINDO, FLORIDA 32837 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (407) 270-6427 (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 MIDS APR 18 PH 12: 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INS HOR 18 PH 12:

ARTICLE I - Name: The name of the Limited Liability Company is:

TONYO ENTER PRISES 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:

1. 24

4511 LAKE CALABRY DRIVE 4511 LAKE CALABOY DRIVE OKLANDO, FLORIAA ORLANDO, FLORIDA 32837 32837

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ANTHONY R. OBRZYT Name

<u>4511 LAKE CALABAT DKIVE</u> Florida street address (P.O. Box <u>NOT</u> acceptable)

ORLAMO FLORIDA 32837 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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED) **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGKM

ANTHONY OBRZUT 4511 LAKE CALABAT DRIVE ORLANDO, FLORINA

FILEU HT

Name and Address:

(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.)

ANTHONY Typed or printed name of signce

<u>Filing Fees:</u> \$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)