

(Re	equestor's Name)	
(Ac	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
JM	Office Use On	ly



08/15/05--01015--023 **130.00



TRANSMITTAL LETTER

TO: Registration Se Division of Co			· · · · · · · · · · · · · · · · · · ·
SUBJECT: Toby Rea	alty LLC (Name of Limite	d Liability Company)	· · · · · · · · · · · · · · · · · · ·
	f Organization and fee(s) are s	-	
John G.	Griffith	Name of Person)	·
John G. Griffith & Co		Firm/Company)	
111 Easton	Drive	(Address)	
		(1144000)	A . O .
Lake	land, FL 33803		A STATE OF THE STA
	(City/	State and Zip Code)	5
For further information	concerning this matter, please	call:	1000
John Griffith		at (863) 686-5965	22 22
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		, *
☐ \$125.00 Filing Fee	\$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
erbr	TT AMDREC.	NAME IN CO.	nnnecc.

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company i	s:		_
Toby Realty LLC				d
ARTICLE II - Address: The mailing address and st	reet address of the	principal office of the Limited	Liability Company is:	·
Principal Office Address	<u>.</u> .	Mailing Address:	· · · · = · · · · · · · · · · · · · · ·	
111 Easton Drive Lakeland, FL 33803		111 Easton Drive Lakeland, Fl 33803		
ARTICLE III - Registere		ed Office, & Registered Agen	t's Signature:	
John G.		- Togistorou ugont uro.	TALL'S	C C
	Nam	ae	60	
111 Eas	Ston Drive	address (P.O. Box NOT acceptable)	ुं ज	**
Lakelan	d, FL 33823	FL Sox NOT acceptable)	M 10: 22	
Having been named as reg liability company at the	City, State gistered agent and to place designated in	e, and Zip o accept service of process for th of this certificate, I hereby accept	he above Aix ed limited	

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 Agent's Signature

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Marcos Caro 711 Riviera Işland Drive Fort Lauderdale, FL 33301			
· · · · · · · · · · · · · · · · · · ·	STEP STEP STEP STEP STEP STEP STEP STEP			
· · ·	5 M IO: 22			
(Use attachment if necessary)	ORIDA ORIDA			
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
	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				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Marcos Caro

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee