

LOS0000 8116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

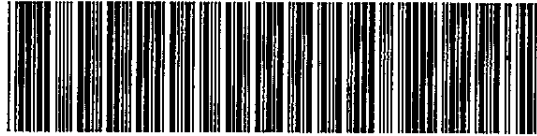
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA

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**PAUL S. ROOY, P.A.**  
**REGISTERED PATENT ATTORNEY**  
**J.D. ★ M.I.M. ★ B.S.M.E.**  
**A.T.P. ★ C.F.M.E.I.I.**

**435 South Ridgewood Ave., Ste. 200**  
**Daytona Beach, FL 32114**  
**e-mail: PatentAttorney@worldnet.att.net**  
**Telephone (386) 258-5008**  
**In Orlando (407) 648-2299**  
**Fax (386) 788-7678**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



August 8, 2005

Re: 0547GR Articles of Organization for Florida Limited Liability Company.

Of Our Mutual Concern:

Enclosed please find the following:

Transmittal Letter with Power of Attorney attached.  
Articles of Organization for Florida Limited Liability Company with Certificate of  
Designation of Registered Agent  
Check for \$160 to Florida Department of State for Filing Fee and Designation of  
Registered Agent (\$125), Certified Copy (\$30) and Certificate of Status (\$5).

Please send the Certified Copy, Certificate of Status, and any other materials in response to this filing directly to me at the letterhead address. Send all future correspondence regarding this LLC to the Registered Agent.

Thanks in advance for your help in this matter.

Sincerely,



Paul S. Rooy

Encls.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Togin Technologies 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:

Paul S. Rooy  
(Name of Person)

Paul S. Rooy P.A.  
(Firm/Company)

435 S. Ridgewood Ave. Ste. 200  
(Address)

Daytona Beach, FL 32114  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul S. Rooy at ( 386 ) 258-5008  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

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**POWER OF ATTORNEY AND  
CORRESPONDENCE ADDRESS  
FILING OF ARTICLES OF LLC ORGANIZATION  
DOCKET NO.: 0547TR**

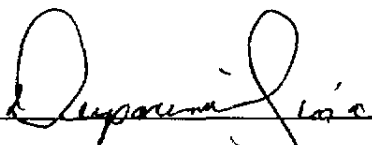
**TO THE SECRETARY OF STATE OF FLORIDA:**

The undersigned hereby files articles of organization and Certificate of Designation -- Registered Agent/Registered Office for Togin Technologies LLC, and appoints:

Paul S. Rooy  
Registered Patent Attorney  
2620 South Peninsula Drive  
Daytona Beach, FL 32118  
(386)258-5008

the Attorney to prosecute same, and to transact all business with the Florida Department of State connected therewith. Accordingly, please direct all communications associated with this matter Paul S. Rooy, Esq., at the above address. Send all future correspondence after acceptance of these filings to the Registered Agent.

Signed: ☒



Name (Print):

Regina D. Debarine

Manager

Togin Technologies LLC

Date: ☒

8.11.05

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Togin Technologies LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

102 Pinetree Dr.  
Ormond Beach, FL  
32174

**Mailing Address:**

102 Pinetree Dr.  
Ormond Beach, FL  
32174

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Regina D. Deiparine

Name

102 Pinetree Dr.

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

Ormond Beach FL 32174

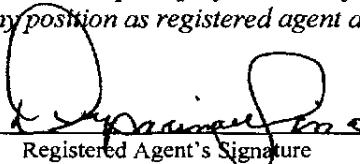
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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, F.S..*

X   
Registered Agent's Signature

PINE TREE DRIVE

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Thomas Richard Betty

102 Pinetree Dr.

Ormond Beach, FL 32174

MGR \_\_\_\_\_

Regina D. Deiparine

102 Pinetree Dr.

Ormond Beach, FL 32174

\_\_\_\_\_

\_\_\_\_\_

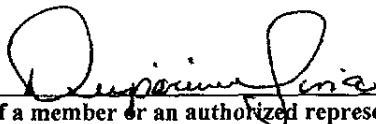
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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

x   
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.)

Regina D. Deiparine

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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TALLAHASSEE, FLORIDA

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