

105000112227

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000269134 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 NOV 21 AM 8:27

FILED

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED
05 NOV 21 AM 9:30
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TOBY INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

105-112227
CR

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Toby Investments LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

126 Lakeside Circle

126 Lakeside Circle

Panama City Beach, FL 32413

Panama City Beach, FL 32413

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV 21 AM 8: 27

FILED

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

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

Thomas Osnes

Name

126 Lakeside Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Panama City Beach, FL 32413

(City / State / 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, F.S.



Registered Agent's Signature - Thomas Osnes

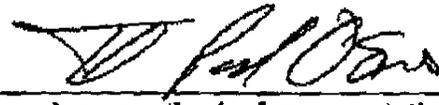
ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Thomas P. Osnes- 126 Lakeside Circle, Panama City Beach, FL 32413</u>
<u>MGRM</u>	<u>Becky S. Osnes- 126 Lakeside Circle, Panama City Beach, FL 32413</u>

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

2005 NOV 21 AM 8:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

(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.)

Thomas P. Osnes

Typed or printed name of signee