LOS0000119884

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·········
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
	g	
}		
}		Į
}		

Office Use Only



800062076768

12/14/05--01020--014 **180.00

SECRETARY OF STATE

105-119884

13-13-05

TI F

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TONIC HONCE LLC (Name of Limited Liability Company)	
(Name of Burney Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Linda Hayes	
(Name of Person)	
•	
(Firm/Company)	
906 5. GOLD VIEW ST (Address) Tampa, FZ 33429 (City/State and Zip Code)	
(Address)	_
Tampa, FE 33429	
(City/State and Zip Code)	
For further information concerning this matter, please call:	-
For further information concerning this matter, please call: LINDA Hayls (Name of Person) ALTO AND	
(Name of Person) (Area Code & Daytime Telephone Number)	
	-
Enclosed is a check for the following amount:	~
\$125.00 Filing Fee \$\infty\$\$ \$130.00 Filing Fee & \$\infty\$\$ \$155.00 Filing Fee & \$\infty\$\$ \$160.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
(
Mailing Address Street/Courier Address	
Registration Section Registration Section	
Division of Corporations Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

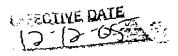
ARTICLE I - Name: The name of the Limited Liability Company is:			
Tonic Hom-	e. 4C	-	
(Must end with the words "Limited Liab	oility Company, "Limited Company" or their abbreviation	"LLC," or "L.C.,")	
ARTICLE H - Address: The mailing address and stree	t address of the principal office of the Limi	ted Liability Company is:	
Principal Office Address:	Mailing Address		

Frincipal Office Address.	Maning Address:
906 S. GOIL VIEW St. Tampa FL 33679	906 S. Coof View &.
	l Office, & Registered Agent's Signature:
A FROME AND THE AND A SHARE AN	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an individual or alrother
ousness circly with an active i fortula registration,	SEX +
The name and the Florida street address of the	registered agent are:
	rady CRIO.
/ Name	/ <u>₽</u> ₩ 8
711 S.F	Packwood tre
Florida street ad	dress (P.O. Box NOT acceptable)
Tama City, State,	FL 33120(p 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, F.S..

Registered Agent's Signature (REQUIRED)

(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	Name and Address:
"MGRM" = Managing Memb	er
MGRM	Linda HayEs
	111 mg 19 33629
MGRM	Menou Comaty
71007	711 5 Packwood the
	- Tanpa, F. 331000.
	DEC
	—————————————————————————————————————
	P P P P P P P P P P P P P P P P P P P
	2: 06
(I lan attachment if a congress)	zunk.
(Use attachment if necessary)	
	than the date of filing: 12.12.05 (OPTIONAL)
effective date is listed, the date 90 days after the date of filing.)	must be specific and cannot be more than five business days p
- v angument out there of things	
REQUIRED SIGNATURE	:
,	7

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)

(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.)

Inda Hayes
Typed or printed name of signee