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Division of Corporations

Fax Number

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From:

Account Name : ACCOUNTING & BEYOND

Account Number: 119990000223 Phone: (813)998-9800

Eax Number : (813)935-9982

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## TONITO'S ENTERPRISES, LLC

| Certificate of Status | 0_       |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/16/2006

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: TONITO'S ENTERPRISES, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LUC," or "L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5206 N. ROME AVE. 5206 N. ROME AVE TAMPA, FL 33603 TAMPA, FL 33603 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or exother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ANTONIO MADRIGAL Name 5206 N. ROME AVE. Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 positionfas registered agent as provided for in Chapter 608, F.S.

**TAMPA, FL 33603** 

| "MGR" = Mar<br>"MGRM" = M | nager<br>Ianaging Member  | Name and Address:  |                               |
|---------------------------|---|--|-------------------------------|
| MGR                       |   | ANTONIO MADRIGAL   |                               |
| :                         |   | 5206 N. ROME AVE.  | <u></u>                       |
| :                         |   | TAMPA, FL 33603  |                               |
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| PEOLIDEN                  | SIGNALUM:   |  |                               |
| REQUIRED                  |   |  | - <del></del>                 |
| REQUIRED                  | Signature of a memb   | er or an authorized representative of a  | member.                       |
| REQUIRED                  | (in accordance with s   | ection 608.408(3), Florida Statutes, the ex<br>stitutes an affirmation under the penalties                     | ecution                       |
| REQUIRED                  | (in accordance with s<br>of this document cons                                  | ection 608.408(3), Florida Statutes, the ex<br>ditutes an affirmation under the penalties<br>herein are true.) | ecution                       |
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