L06000039054

Office Use Only



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SECRETARY GENERALES

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TONOBH, LLC	(Name of Limited Liabi	lity Company)		. <u>.</u>
The enclosed Articles of Organization	n and fee(s) are submitte	ed for filing.		
Please return all correspondence cond	eming this matter to the	e following:		
	REMBERTO	J. BITAR f Person)	7.0	· Very de Valle
	(Firm/C	ompany)		<u> </u>
	 	NE STREET		v ttali ± i
0		L 32827-705	2	
For further information concerning th	is matter, please call:			
REMBERTO J. I (Name of Person)	SITAR at (3	(Area Code & Daytime T	35 elephone Number)	. يت
Enclosed is a check for the follow	ing amount:			
\$125.00 Filing Fee \$130.0 Certificate	of Status Ceri	8155.00 Filing Fee & iffied Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section I Corporations	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301



April 6, 2006

REMBERTO J. BITAR 9848 SLOANE STREET ORLANDO, FL 32827-7052

SUBJECT: TONOBH, LLC Ref. Number: W06000016438

We have received your document for TONOBH, LLC and your check(s) totaling \$465.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List only one person as the Registered Agent and that person must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 706A00023397

Neysa Culligan Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:			
ited Company" or their abbreviation "LLC," o	or "L.C.,")	••	•
orincipal office of the Limited Liab	oility Con	npany	/ is:
Mailing Address:			
9848 Sloane Street			
Orlando, FL 32827-7052			
registered agent are:	SECI	90	
J. BITAR	是完	PR	TI
•	JSS.	£	=
Street	<u> </u>		ΕD
Idress (P.O. Box <u>NOT</u> acceptable)	10		
FL 32827-7052	BLE	47	
and Zip	للعلنظ		
this certificate, I hereby accept the ty. I further agree to comply with the erformance of my duties, and I am j	appointm he provisi familiar w	ent a ons o ith a	s fall nd
	Mailing Address: 9848 Sloane Street Orlando, FL 32827-7052 d Office, & Registered Agent's Stered Agent. You must designate an individual registered agent are: J. BITAR Street Idress (P.O. Box NOT acceptable) FL 32827-7052 and Zip accept service of process for the all this certificate, I hereby accept the ity. I further agree to comply with the erformance of my duties, and I am j	Mailing Address: 9848 Sloane Street Orlando, FL 32827-7052 d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are: J. BITAR Street Idress (P.O. Box NOT acceptable) FL 32827-7052 and Zip accept service of process for the above states this certificate, I hereby accept the appointment of the service of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior mance of my duties, and I am familiar was serior to the serior to	Mailing Address: 9848 Sloane Street Orlando, FL 32827-7052 d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: J. BITAR Street Idress (P.O. Box NOT acceptable) FL 32827-7052

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member	ber(s	Memi	aging I	Mana	or	Manager(:	IV-	ICLE :	ART
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The name and address of each Manager or Managing Member is as follows:

		Name and Address:	
"MGR" = Manag			
MGR		REMBERTO J. BITAR	
		9848 SLOANE STREET	
		ORLANDO, FL 32827-7052	
MGRM		TAMMY E. BITAR	
WOT COT	<u></u> ,⊢ ·	9848 SLOANE STREET	
		ORLANDO, FL 32827-7052	
		ORDANIDO, 1 E 32027-7002	
		<u></u>	_
			
			
			
			
[] ca attanhmant	if necessary)		
effective date is lis I days after the d	date, if other than the da sted, the date must be sp ate of filing.)	te of filing: (0	
CLE V: Effective	date, if other than the da sted, the date must be sp ate of filing.)		
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CLE V: Effective effective date is list days after the days	date, if other than the dated, the date must be spate of filing.) GNATURE: Signature of a member of	pecific and cannot be more than five bus	o6 APR 14 SECRETAR TALLAHASS
CLE V: Effective effective date is list days after the days	date, if other than the dated, the date must be spate of filing.) GNATURE: Signature of a member of this document constitutes	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	SECRETART TALLAHASSE
CLE V: Effective effective date is list days after the days	date, if other than the dated, the date must be spate of filing.) GNATURE: Signature of a member of the date of the date must be spate of a member of the date o	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	SECRETART TALLAHASSE
CLE V: Effective effective date is list days after the de	date, if other than the dated, the date must be spate of filing.) GNATURE: Signature of a member of this document constitute that the facts stated here REMBER	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	o6 APR 14 SECRETAR TALLAHASS

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)