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

Office Use Only



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EFFECTIVE DATE DI-15- 2007



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tozia Investment Properties 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:	
Walter Tozia (Name of Person)	10 July 20 127
(Firm/Company)	÷. √√5°
P.O. Box 175	
(Address) 2c11wood FL 32798 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Walter Tozia at (321) 689-7287 (Name of Person) (Area Code & Daytime Telephone Number)	·
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional cop	
Mailing Address Registration Section Street/Courier Address Registration Section	Teath to the

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

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

Judith H. Stevens	_
Name	
3130 Heartwood Ave. Florida street address (P.O. Box NOT acceptable)	
Winter Park FL 32792 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 a 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.	ll
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	-
Page 1 of 2	

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	
MGRM	Walter Tozia POBOX 175 Zellwood, Fr 32	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

WALTER P. TOZIA

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

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)