L070000198357

(Re	equestor's Name)	
(Ad	ldress)	·····
(Ad	ldress)	
(Cit	ty/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 Filing Officer:		
		:
·		

Office Use Only



800084576598

01/16/07--01052--007 **130.00

PILED

07 JAN 16 PH 4: 2

SECRETARY OF STATE
SECRETARY OF STATE

nHi

42000000 3218



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2007

MARIE G. DORVAL P.O. BOX 451714 SUNRISE, FL 33345-1714

SUBJECT: TONY & ASSOCIATES INVESTMENT GROUP, LLC

Ref. Number: W07000003318

We have received your document for TONY & ASSOCIATES INVESTMENT GROUP, LLC. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6065.

Letter Number: 307A00004892

MARIA L FENDER OFFICE CLERK

COVER LETTER

	Registration Se Division of Co			
SUBJEC	r: Ton	(Name of Limite	ES TNYESTMENT d Liability Company)	GROUP, "LLC"
The enclos	sed Articles of	Organization and fee(s) are s	submitted for filing.	
Please retu	um all corresp	ondence concerning this matte	er to the following:	
_	MAR	GERTRUDE	Dorval Name of Person)	
\mathcal{I}	ony £	ASSOCIATES IN	NVESTMENT GROU (Firm/Company)	P, "LLC"
	Po Bo	x 451714	(Address)	
	SUNR	ise, fl 33 3	45 - 17/4 (State and Zin Code)	
For furthe		concerning this matter, please		
MARIG	GERTK (Name	of Person)	at (954) 26 (Area Code & Daytime To	1560 elephone Number)
Enclosed	is a check fo	or the following amount:		
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TONY & ASSOCIATES INVESTMENT GROUP, "LLC" (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
11500 NW 30th St Sunrise, FL 33323	PD BOX 451714 SUNRICE, FL 33345-1714			
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 business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
MARIE GERTRUDE DORVAL Name				
11 500 Nw 30th SE Florida street address (P.O. Box NOT acceptable)				
Sunrice, City, State, an	FL 33323 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 Signatu	re (REQUIRED) ALLAH AH			
(CONTINU	ASSO TO THE TOTAL THE TOTAL TO THE TOTAL TOT			
Page 1 of 2	ECP E			

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 "MGRM" = Managing Member	Name and Address:
MGR	MARIE GERTRUDE DORVAL 11500 NW 30th St SUNRISE, FL 33323
MGR	FRED TONY 11500 NW 30th St SUNRISE, FL 33323
MGR	ALAIN TONY 2898 LAKEWATER WAY SNEILVILLE, GA 30039
MGR	YVES ANDRE TONY 414 LINCOLN AVE LEHIGH ACRES, FL 33972
(Use attachment if necessary) See	e attachment
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	() on fix

Signature of a member of 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.)

MARIE GERTRUBE DORVA
Typed or printed name of signee

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)

ATTACHMENT

Title

MGRM

NAME AND ADDRESS

MARIE EVA TONY 414 LINCOLN AVE LEHIGH ACRES, FL 33 972

MGRM

Dina Saint-Brice 2898 Lakewater Way SNELL VILLE, GA 30039