

L08000075431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

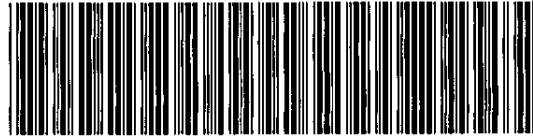
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100133910721

RECEIVED
08 AUG - 6 PM 4:22
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG - 6 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 7 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 677265 4300608

AUTHORIZATION :

COST LIMIT : \$125.00

FILED
08 AUG -6 AM 8:15
TALLAHASSEE, FLORIDA

ORDER DATE : August 6, 2008

ORDER TIME : 2:49 PM

ORDER NO. : 677265-005

CUSTOMER NO: 4300608

DOMESTIC FILING

NAME: TOONER LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tooner LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

950 N. Collier Boulevard
Suite 427
Marco Island, Florida 34145

Mailing Address:

950 N. Collier Boulevard
Suite 427
Marco Island, Florida 34145

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:

Phase Four, LLC, Attn: J. Peter Roos
Name

950 N. Collier Boulevard, Suite 427
Florida street address (P.O. Box NOT acceptable)

Marco Island FL 34145
City, State, and Zip

*Buck, call me if
This is not
Acceptable.
Thanks
Sue
2956*

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.

Phase Four, LLC

BY: 

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

J. Peter Roos

c/o Phase Four, LLC

950 N. Collier Boulevard, Suite 427

Marco Island, Florida 34145

MGRM

P. Janet Ramkisson

180 Seaview Ct. 616

Marco Island, Florida 34145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

J. Peter Roos, Managing Member

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)