

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.



TOKA BUSINESS GROUP LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Toka Business Group L (Must end with the words "Limited Liabli	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Malling Address;
250 Catalonic Suite 801 Corol batter DI 33134	Mami Pl 33155
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot sorve as its own Regist business ontity with an active Florida registration.)	tered Agent. You must designate an individual or anomer
The name and the Florida street address of the r	registered agent are:
Alfredo Pescal	ARY SSE
Name	
250 Lenslonis	dress (P.O. Box NOT acceptable)
Corel locks S	FL 33/24
City, State,	
Having been named as registered agent and to	accept service of process for the above stated limited

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 Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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	Name and Address:			
"MGRM" = Managing	g Member			
MGR	Alfredo Pascal 250 calplonia Suite Loral babes, El 331	901 134		
MERM	James Kelly 250 catalonis Suite & Lorel bathes, 1 3313	10x		
MGRM		301 106		
MGRM	Tanya Villar 250 Catalonia Gulta 1 Loval lockles El 331	801		
(Use attachment if nec	cessary)			
ARTICLE V: Effective date, i (If an effective date is listed, to to or 90 days after the date of	he date must be specific and cannot be more than five b	. (OPTIONA ousiness day	-	or .
REQUIRED SIGNA	TURE:	4		
	Ochdo Pal	SECRETALLAH.	09 APR	
•	nature of a member or an authorized representative of a member	ETARY	-7	TO PERSONAL PROPERTY.
of th	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjur- lat the facts stated herein are true.)	עריי ער	>	
	Attrodo Ptscs Typed or printed name of signoc	FLORIDA	9.	
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)

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