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SECRETY BY OF STATE

T. HAMPTON

FEB 2 3 2010

EXAMINER

W-3339

# **COVER LETTER**

TO:

**Registration Section** 

Division of	f Corporations	
SUBJECT:	то	BAY CLEANING
	Name of Limit	ed Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:
	V	aleska Ramos
		Name of Person
	y star	Ka Mars B
		Firm/Company
	1269 sv	v 46 av. Apt # 2407
		Address
	Pon	npano, FI, 33069
		y/State and Zip Code
	seena	ijane@hotmail.com for future annual report notification)
	E-mail address: (to be used	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
	leska Ramos	at ( 401 ) 5721445
Na	ume of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
]\$125.00 Filing Fe	ee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

10 FEB 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 22, 2010

VALESKA RAMOS 1269 SW 46.AVE APT 2407 POMPANO BEACH, FL 33069

SUBJECT: TOBAY CLEANING L.L.C.

Ref. Number: W10000003332

We have received your document for TOBAY CLEANING L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00001780

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
TORAY CLE	EANING L.L.C
	d Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1269 SW 46 AVE APT 2407 POMPANO BEACH,FL,33069	SAME
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
VALES	SKA RAMOS
	Name
1269 SW 4	46 AV. APT 2407
Florida street address	s (P.O. Box NOT acceptable)
POMPANO 3306	69 <sub>FL</sub>
City, S	State, and Zip
POMPANO 3306 City, S Having been named as registered agent an	69 <sub>FL</sub>

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)

SECAL PROPERTIONS

SECAL PROPERTIONS

OF EACH PROPERTIONS

OF EACH PROPERTIONS

## 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:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Meml	per		
MGRM.			
VALESKA RAMOS	1269 SW 46 AV. APT 2407		
	POMPANO, FL, 33069		
		<del></del>	
<del> </del>		<del></del>	
(Use attachment if necessary)			
TCLE V: Effective date, if other	than the date of filing: (Ol	PTIONA	AL)
effective date is listed, the date	must be specific and cannot be more than five busin	ness day	ys pri
90 days after the date of filing.)			
REQUIRED SIGNATURE			
	416BB		
Signature of	a member or an authorized representative of a member.		
(In accordance	e with section 608.408(3), Florida Statutes, the execution		
of this docum	nent constitutes an affirmation under the penalties of perjury stated herein are true.)		
	VALESKA RAMOS		
Filing Foos	Typed or printed name of signee		VIC.
Filing Fees:		10	SEC 33S
<del></del>	Typed or printed name of signee s of Organization and Designation	10 FEB	SECKE SYDSIAIL

10 FFR 22 AM 8: 38

\$ 5.00 Certificate of Status (Optional)