

L11000024246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

L11-9130

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 25 2011
EXAMINER

February 22, 2011

Christina Tokar
9896 Fairway Cove Lane
Plantation, FL 33324

Deborah Bruce
Regulatory Specialist II
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref Number: W11000009130

As per your request and letter to me dated, **February 15, 2011**, I have attached along with a copy of your original letter, again, my new LLC application as well as a copy of my original 2009 articles of organization, # **L09000076896**.

I have included this as proof that the principals of the **former LLC**, which I dissolved, and the **new LLC** referenced here are one in the same, and I am advising you of this situation so **my name, Christina Tokar**, is available to use immediately for my new LLC application.

As you already have my check for **\$130.00**, please process the new LLC application as soon as possible, as time is of the essence.

Should you have any questions, please call me at any time at **954.474.7427** or you can email me at **cmtokar@aol.com**.

Very truly yours,

Christina Tokar



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2011

CHRISTINA TOKAR
9896 FAIRWAY COVE LANE
PLANTATION, FL 33324

SUBJECT: CHRISTINA TOKAR, LLC
Ref. Number: W11000009130

We have received your document for CHRISTINA TOKAR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 911A00003943

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Christina Tokar

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:

Christina Tokar

Name of Person

Christina Tokar, LLC

Firm/Company

9896 Fairway Cove Lane

Address

Plantation, FL 33324

City/State and Zip Code

cmtokar@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Tokar

at (**954**) **474-7427**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christina Tokar, LLC

(Must end with the words "Limited 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:

9896 Fairway Cove Lane
Plantation, FL 33324

Mailing Address:

9896 Fairway Cove Lane
Plantation, FL 33324

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:

Christina Tokar

Name

9896 Fairway Cove Lane

Florida street address (P.O. Box **NOT** acceptable)


Plantation

FL 33324

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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:

MGR

Christina Tokar

9896 Fairway Cove Lane

Plantation, FL 33324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 11, 2011. (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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

Christina Tokar

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA