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JAN - 5 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: TOGA Group Marketin	ng Consultants, LLC	
DOBUGET.	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Heide A. O'Connell		
	Name of Person	
TOGA Group Marketing C	Consultants, LLC	
	Firm/Company	
3201 S. Ocean Blvd, Suite	702	
,	Address	Fo 2
Highland Beach, FL 33487		2012 JAN
Ci	ty/State and Zip Code	
heide_oconnell@hotmail.com		
For further information concerning this matter, pleas	for future annual report notification) se call:	PH B3
Heide A. O'Connell	at (425) 761-8083	97
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	(additional copy is enclosed) Certified C	of Status &
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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOGA Group Marketing Consultants, 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:	Mailing Address:
3201 S. Ocean Blvd Suite 702	3201 S. Ocean Blvd Suite 702
Highland Beach, FL 33487	Highland Beach, FL 33487
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered Agent, Registered business entity with an active Florida registration.)	ered Agent. You must designate an individual or another egistered agent are:
Name	다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
3201 S. Ocean B	lvd, Suite 702
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Highland Beach	FL 33487
City, Sta	te, 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 Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Heide A. O'Connell
	3201 S. Ocean Blvd, Suite 702
	Highland Beach, FL 33487
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	PD -
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GT	
(Use attachment if necessary)	

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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Heide A. O'Connell

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)