

L13 0000 47356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

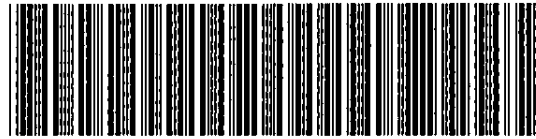
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
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DIVISION OF CORPORATIONS  
2013 MAR 29 PM 2:15  
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FILED  
2013 MAR 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 1 2013  
T CLINE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 589452 4310774

AUTHORIZATION :

*Susie Knight*

COST LIMIT : \$ 125.00

ORDER DATE : March 29, 2013

ORDER TIME : 10:52 AM

ORDER NO. : 589452-005

CUSTOMER NO: 4310774

DOMESTIC FILING

NAME: TOSSED FRANCHISE  
INTERNATIONAL, 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. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

2013 MAR 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TOSSÉD FRANCHISE INTERNATIONAL, 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:

### Mailing Address:

ONE FINANCIAL PLAZA

100 S.E. 3RD AVENUE, SUITE 1050

FORT LAUDERDALE, FL 33394

## 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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State, 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..*

Corporation Service Company

By Sue G. Knight

Registered Agent's Signature (REQUIRED)

**Sue G. Knight**

**Assistant Vice President**

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JASON CHODASH

100 S.E. 3RD AVENUE, SUITE 1050

FT. LAUDERDALE, FL 33394

MGRM

BRUCE CHODASH

100 S.E. 3RD AVENUE, SUITE 1050

FT. LAUDERDALE, FL 33394

MGRM

BRIAN CHODASH

100 S.E. 3RD AVENUE, SUITE 1050

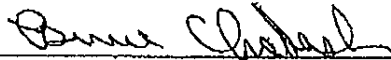
FT. LAUDERDALE, FL 33394

(Use attachment if necessary)

**ARTICLE VI** 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. 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.)

BRUCE CHODASH

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)

2013 MAR 29 PM 0:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED