

L13000143215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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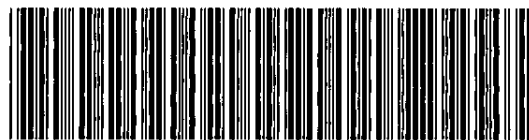
(Business Entity Name)

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RECEIVED
13 OCT '9 PM 1:31
DIVISION OF CORPORATION

FILED
2013 OCT -9 AM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 10 2013
EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 10/09/13

REF. #: 8920496

CORP. NAME: TOLEDO ISLES APARTMENTS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70008138 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2013 OCT -9 AM 6:33
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
TOLEDO ISLES APARTMENTS, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is TOLEDO ISLES APARTMENTS, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3839 West 16th Avenue Hialeah, Florida 33012.

ARTICLE III - Registered Agent and Office

The street address of the Corporation's initial registered office is 3839 West 16th Avenue, Hialeah, Florida 33012 and the name of its initial registered agent at such office is Maurice Cayon.

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. Dated this 8th day of October, 2013.



Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.



Maurice Cayon
Dated: October 8, 2013

2013 OCT -9 AM 6:33
TALLAHASSEE, FLORIDA