

L16000015384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 13 PM 12:20

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AND
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tonka Holdings LLC
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:

Joseph Alexander

Name of Person

Firm/Company

9230 Triana Terrace #1

Address

Fort Myers, FL 33912

City/State and Zip Code

ajoseph@nuvivaweightloss.com

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

For further information concerning this matter, please call:

Joseph Alexander 239 466-4007
at ()
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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AND
FILED

16 JAN 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 1, 2016

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Tonka Holdings LLC Florida Document Number L13000121127

Dear Department:

* It has come to my attention that the annual report for the above document number L13000121127 for Tonka Holdings LLC was not renewed. At this time as the sole owner and managing member of this LLC I would like to release the document number reference herein.

I am at this time enclosing articles of organization that I would ask the department to process on my behalf at this time.

Thanking you for your assistance in taking care of these matters.

Sincerely, .



Joseph Alexander

Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

16 JAN 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tonka Holdings 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:

9230 Triana Terrace #1
Fort Myers, FL 33912

Same

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.)

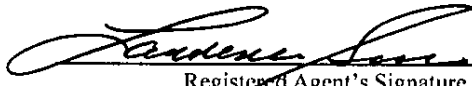
The name and the Florida street address of the registered agent are:

Lawrence Swan
Name

709 Cape Coral Parkway West
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33914
City State 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joseph Alexander
9230 Triana Terrace #1
Fort Myers, FL 33912

(Use attachment if necessary)


ARTICLE V: 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Joseph Alexander
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)