L/600029906

uestor's Name)	
lress)	
dress)	
//State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
Certificates	s of Status
iling Officer:	
	ress) //State/Zip/Phone WAIT siness Entity Narr cument Number)

Office Use Only



200281517592

02/01/16--01022--022 **125.00

16 FEB - 1 PM 2: 50

FEB 1 9 2018 S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TO-TE'S TACO Shop 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:
TED PASKERT
Name of Person
Firm/Company
8574 BLACK DERRY LN E.
Jacksonuille, FZ 32244 City/State and Zip Code
TED . PASKERT @ YAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TED PASKERT _ at (724) 554-8024
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name:	
The name of the Limited Liability Company is:	16 FEB - PM 2: 50
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	MILLIAMA SELECT STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing	Address:
905A ST Rd 207	
St Augustine FL 32086	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are:	
TED PASKERT	
Name	

JACKSONVIlle

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..

8574 BLACKberry LN E.
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "MG R	TED PASKERT 8574 BLACKBERRY LN E.
	B574 BLACKBERRY LN E. JACKSONVIlle FL 32044
AMBR	Jom MORGAN 2228 Whippoorwill DR ST. Augustine FL 32084
	
Her our house 'Common '	
(Use attachment if necessary)	late of filing: (OPTIONAL)
EV: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does no	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior to or 9 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 9 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the defive date is listed, the date must be filling.) the date inserted in this block does not the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 9 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does neart's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the decrive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department's effective date on th	of meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member.
E V: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert a may aware that any file.	specific and cannot be more than five business days prior to or 9 but meet the applicable statutory filing requirements, this date will not ent of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)