

L16000120649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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500287084645

06/20/16--01038--013 **160.00

EFFECTIVE DATE 07/01/16

K 06/28/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

thokat Rentals 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:

Grace Stafford

Name of Person

thokat Rentals LLC

Firm/Company

736 96th AVE N

Address

NAPLES FL 34108

City/State and Zip Code

thokatrentals

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

For further information concerning this matter, please call:

Grace Stafford (839)

Name of Person

Area Code

404 711

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$135.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thokn+ Rentals 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:

736 96th AVE N 736 96th AVE N
NAPLES FL 34108 NAPLES FL 34108

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:

GRACE STAFFORD
Name
736 96th AVE N
Florida street address (P.O. Box **NOT** acceptable)
NAPLES FL 34108
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..

Grace Stafford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

01/26/2010 10:07:10
10/26/2010 10:07:10

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

Name and Address:

Grace Stafford MGR
736 96th Ave N
NAPLES FL 34108

Kelly Normand
2380 2nd AVE NE
NAPLES FL 34120

Katherine Rice
736 96th Ave N
NAPLES FL 34108

Thomas Rice
2380 2nd AVE NE
NAPLES FL 34120

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1 2016 (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

Grace Stafford

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.

Grace STAFFORD

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)

FILED
JUL 1 2016
CLERK OF THE COURT
JUL 1 2016 3:10