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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2016

SERGIO PERALTA 3553 PIXIE LANE SAINT CLOUD, FL 34772

SUBJECT: TONSEF LLC Ref. Number: W16000083319

We have received your document for TONSEF LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P05000127804.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 916A00026480

Yarbrough, Lee

From:

Ancient Spirit <sergio.peralta76@gmail.com>

Sent:

Thursday, December 22, 2016 5:13 PM

To:

Yarbrough, Lee

Subject:

Ref: Number:W16000083319

To Whom it may concern:

The following shall serve as confirmation that I have no intention of reinstating the entity under document number P05000127804; therefore, releasing the name for use under a the new file mentioned on the subject line. Should you need additional information please do not hesitate to contact me directly at 786-255-9624.

Sincerely,

Sergio Peralta 3553 Pixie Lane Saint Cloud Florida 34772

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TONSEF 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:
SERGIO PERALTA
Name of Person
Firm/Company
3553 PIXIE LANE
Aååress
SAINT CLOUD FLORIDA 34772
SAINT CLOUD FLORIDA 34772 City/State and Zin Code SERGIO. PERALTA 769 GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SERGIO PERALTA at (786, 255-9624
Name of Person Area Code Daytime Terlephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallabassee Fl 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1435 10th Street Saint Cloud FL 34769	3553 Pixie Lane Saint Cloud FL 34772
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	
SERGIO	O PERALTA Jame Je Lane
N	lame
3553 Yix	ie Lane
	P.O. Box NOT acceptable)
Saint Cloud City	FL 34772
City	State Zip
place designated in this certificate, I hereby accept the appoin further agree to comply with the provisions of all statutes relai am familiar with and accept the obligations of my position as	ting to the proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Venter	Name and Address:
"MGR" = Manager MGR	SERGIO PERALTA 3553 Vixie Lane Saint Cloud FL 34772
(Use attachment if necessary)	•
TICLE V. Effective data if other than the data	offiling: TANUACV 15t 2017 (OPTIONAL)
I ICLE V: Effective date, it offici dian file date	of fing. (All Forther)
date of filing.) te: If the date inserted in this block does not m	of filing: JANUACY 1 ^{5†} 2017. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be l
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date of filing.) te: If the date inserted in this block does not m document's effective date on the Department of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Uptional) \$ 5.00 Certificate of Status (Optional)