

# L18000076360

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

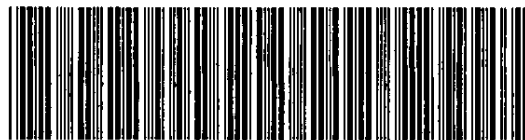
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 22 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 28 2018

*Kaydell Wright-Douglas, Esq., P.A.*

*Personal Injury and Wrongful Death*

*Probate*

*Family Law*

*Bankruptcy*

THE WRIGHT BUILDING  
SUITE A  
110 NORTH ARMENIA AVENUE  
TAMPA, FLORIDA 33609

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March 20, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

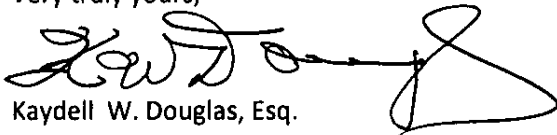
RE: Articles of Incorporation

Dear Sir:

Enclosed is our client's Articles of Incorporation for Florida Limited Liability Corporation. Also enclosed is our client's check for \$155.00 to cover the filing fee and costs of a certified copy.

Please contact me if you have any questions regarding this matter.

Very truly yours,



Kaydell W. Douglas, Esq.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOKLEY GROUP.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:

221 SOUTH ROME AVE APT 2310  
TAMPA, FL 33606

221 SOUTH ROME AVE APT 2310  
TAMPA, FL 33606

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:

KAYDELL W. DOUGLAS, ESQ  
Name

110 N. ARMENIA AVE. STE A  
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33609  
City Zip

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*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

JAMES TOKLEY

221 S. ROME AVE

TAMPA, FL 33606

ASSISTANT MANAG

JOANNA TOKLEY

221 S. ROME AVE

TAMPA, FL 33606

MARKETING REP

LA TOYA CARTER

221 S. ROME AVE

TAMPA, FL 33606

MARKETING

CHARLES I. JONES, II

221 S. ROME AVE

TAMPA, FL 33606


(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

James E. Tokley, Sr.

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)

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**18 MAR 22 PM 12:21**  
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**TALLAHASSEE, FLORIDA**