

L19000301485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

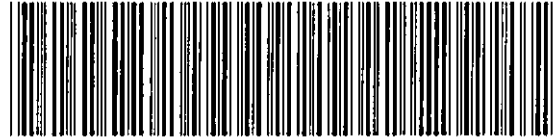
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000338129910

000338129910
12/19/19--01002--008 **125.00

19 DEC 17 10:44:22

25TH DEC 17 PM 5:08

PAID BY 12/19/19

FILED

DEC 17 2019

T. SCOTT

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Toro InvestmentGroupLLC

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:

Livio Rosado

Name of Person

Toro InvestmentGroupLLC

Firm/Company

21330St AndrewsBlvd #220

Address

BocaRaton,Florida33433

City/State and Zip Code

liviorosado@gmail.com

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

For further information concerning this matter, please call:

Livio Rosado 203 8081178

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Toro Investment Group LLC.

(Must contain 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:

21330 St Andrews Blvd #220

Boca Raton FL 33433

Mailing Address:

21330 St Andrews Blvd #220

Boca Raton FL 33433

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:

Livio Rosado

Name

21330 St Andrews Blvd #220

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL

33433

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.

Livio Rosado

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2017 DEC 17 PM 5:08
BALLEGAARD & ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MMGR

Livio Rosado
21330St AndrewsBlvd #220
BocaRatonFL 33433

MMGR

GissellTorres
21330St AndrewsBlvd #220
BocaRatonFL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/19/2019. (OPTIONAL)

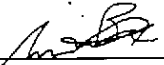
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

For all lawfull business

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.

Livio Rosado

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)