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SECRETARY OF STATE
TALLAHASSEE, FL

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JUN - 5 2020

RESUBMIT

Please give original
submission date as file date.

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallahassee, FL 32301
Phone: 850-558-1500

RESUBMIT ORIGINALLY
FAXED

5/29/20

ACCOUNT NO. : I20000000195

REFERENCE : 306197 7395372

AUTHORIZATION :

Spencer

COST LIMIT : \$ 160.00 7

ORDER DATE : May 29, 2020

ORDER TIME : 11:05 AM

ORDER NO. : 306197-005

CUSTOMER NO: 7395372

DOMESTIC FILING

NAME: TOUCHTEL USA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING 7

CONTACT PERSON: Kadesha Roberson - EXT. 62980

EXAMINER'S INITIALS: _____



June 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: TOUCHTEL USA, LLC
REF: W20000054464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000161532
Letter Number: 220A00010949

2020 JUN -4 PM 1:59

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Touchtel USA, 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:

Jill Levi

Name of Person

Todd & Levi, LLP

Firm/Company

444 Madison Avenue, Suite 1202

Address

New York, New York 10022

City/State and Zip Code

jlevi@toddlevi.com

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

For further information concerning this matter, please call:

Jill Levi

212

308-7400

at (_____) _____

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

☐ \$155.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2020 MAY 29 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Touchtel USA, 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:

Touchtel USA, LLC c/o Henry F. Malarkey
2047 Victory Boulevard, Suite 200
Staten Island, NY 10314

Mailing Address:

Touchtel USA, LLC c/o Henry F. Malarkey
2047 Victory Boulevard, Suite 200
Staten Island, NY 10314

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS ST

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

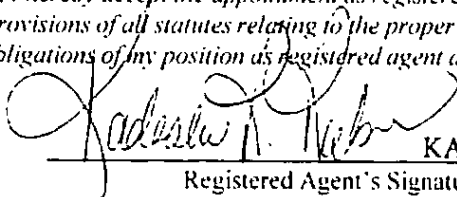
TALLAHASSEE FL 32301

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..



KADESHA ROBERSON, ASST. VICE PRESIDENT

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

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAY 29 AM 10:25

FILED

(Use attachment if necessary)

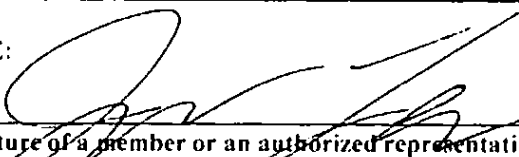
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

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:



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.

Jhd Lew

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)