

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			<u>+</u>
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Office Use Only

	COVER LETTER FILED
· TO:	new rung section
	1020 JUN 25 PH 2:02
SUBJE	
	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	PRINCESS LOVE BOWERS
	Name of Person
	TOSS'D LLC.
	Firm/Company
	10533 MISTFLOWER LANE
	Address
	TAMPA, FL 33647
	City/State and Zip Code
	INFO.TOSSD@GMAIL.COM E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
	PRINCESS LOVE BOWERS 813 428-8162
	at ()       Name of Person       Area Code       Daytime Telephone Number
Enclose	t is a check for the following amount:
■\$125	00 Filing Fee S130.00 Filing Fee S S155.00 Filing Fee S S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status S (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

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# AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

TOSS'D 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:**

10533 MISTFLOWERLANE 5840 GRANDO ORO Tampa FL 33647 UNIT #102 Wesley Chapel, FL 33544

### 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:

PRINCESS LOVE B	OWERS	
· -	Name	
10533 MISTFLOWE	ER LANE	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
TAMPA	FL	33647
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Mailing Address:

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	PRINCESS LOVE BOWERS 10533 MISTFLOWER LANE Tampa FL ,33647
AMBR	THEO R BOWERS 10533 MISTFLOWER LANE Tampa FL, 33647
MGR	BRYCE R CHAPMAN 10533 MISTFLOWER LANE Tampa FL, 33647
<u></u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>06-09-2020</u>. (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.)

<u>Note:</u> 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.

**REOUIRED SIGNATURE:** 

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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.

PRINCESS LOVE BOWERS

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)

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

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Date of this notice: 02-19-2020

Employer Identification Number: 84-4784398

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4784398. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TOSS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

TOSS-D LLC TOSS-D % PRINCESS LOVE A BOWERS SOLE MBR 10533 MISTFLOWER LN TAMPA, FL 33647