

L22000125234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

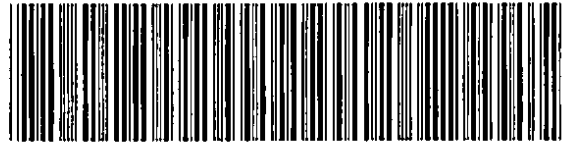
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300383822863

03/25/22--01011--027 **125.00

RECEIVED
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2022 MAR 25 PM 2:52 2022 MAR 25 AM 10:16
ALLAHASSEE, FL
SPT
ALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CODE TOYS LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: CODE TOYS 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:

LUIS BUSTAMANTE

Name of Person

CODE TOYS LLC

Firm/Company

4530 SOUTH ORANGE BLOSSOM TRAIL #756

Address

ORLANDO, FL 32839

City/State and Zip Code

luis.bustamante.lg@gmail.com

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

For further information concerning this matter, please call:

LUIS BUSTAMANTE

802

829-9595

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$135.00 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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CODE TOYS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SEC

CLASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4530 SOUTH ORANGE BLOSSOM TRAIL

4530 SOUTH ORANGE BLOSSOM TRAIL

#756

#756

ORLANDO, FL 32839

ORLANDO, FL 32839

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:

AVT CONSULTANTS LLC

Name

13538 VILLAGE PARK DR SUITE 275

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

ORLANDO

FL

32837

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.

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

MGR

Name and Address:

LUIS BUSTAMANTE

4530 SOUTH ORANGE BLOSSOM TRAIL #756

ORLANDO, FL 32839

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/22/2022 (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.

ANY OTHER LAWFUL ACTIVITY FOR WHICH CORPORATIONS MAYBE INCORPORATED IN THIS STATE.

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.

LUIS BUSTAMANTE

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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FILED