L22000159214

(F	Requestor's Name)
(A	Address)
——————————————————————————————————————	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

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2022 MAR 29 PM 5: 26
SECRETARY OF STATE
ANALYSEF FI DRILL

FILED

D. O'KEEFE APR 15 2022

COVER LETTER

TO:	New Filing Section Division of Corporations
	ToatShops LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filling.
Please	return all correspondence concerning this matter to the following:
	Elizabeth Potts Weinstein
	Name of Person
	EPW Small Business Law PC
	Firm/Company
	18 Bartol Street #1308
	Address
	San Francisco, CA 94133
	City/State and Zip Code elizabeth@elizabethpw.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Elizabeth Weinstein 415 890-5899
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
X \$12	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ToatShops LLC	
(Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
E II - Address:	
E II - Address: ng address and street address of the principal office Principal Office Address:	
ng address and street address of the principal office	of the Limited Liability Company is: Mailing Address: P.O Box 246055

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:

Northwest Regis	stered Agent Ll	_C		
	Name			
7901 4th St N S	TE 300			
Florida street address (P.O. Box NOT acceptable)				
St. Petersburg	FL	33702		
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)

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ARTICLE IV-

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

	<u>Title:</u>	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	202 7AL
	Manager	2022 MAR
		AAHAR 29
	Manager	
		<u> </u>
	Member	Theresa McDonald
		7901 4th St N, STE 300 St. Petersburg, FL 33702
	Member	
	(Use attachment if necessary)	
	-	(0)
RTI	CLE V: Effective date, if other than t	the date of filing:
re da	ite of filing.)	
		es not meet the applicable statutory filing requirements, this date will not be liste
ne di	ocument's effective date on the Depa	artment of State's records.
RTI	CLE VI: Other provisions, if any.	
	DEALINES OF STATING	
	REQUIRED SIGNATURE:	
		1/1/1/

Signature of 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.

Elizabeth Polts Weinstein, Attoreyin-Fact-BorthersamoDonald, member

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)