

L22000178556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

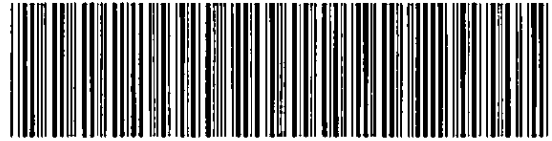
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAY -2 AM 10:27

CLERK OF COURT
TALLAHASSEE, FL

RECEIVED

2022 MAY -2 AM 9:30

CLERK OF COURT
TALLAHASSEE, FLORIDA

44-512122

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: _____

Toomoea Equity LLC
BUSINESS (Name)

Document #

____ Walk in _____ Pick up time _____

____ Mail out _____ Will wait

____ Photocopy

____ Certified Copy (please stamp each page)

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ ☒ Limited Liability
____ Domestication
____ Other
____ **CORP**

OTHER FILINGS

____ Annual Report
____ Fictitious Name

____ APOSTIL () _____
Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

____ Amendment
____ Resignation of R.A.. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Merger
____ **Conversion**

REGISTRATION/QUALIFICATIONS

____ Foreign filing
____ Limited Partnership
____ Reinstatement
____ Other

COVER LETTER

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

SUBJECT: Toompea Equity 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:

Kaitlin Malaspina

Name of Person

Galanter Tomosovich LLC

Firm/Company

437 Grant Street, Suite 1000

Address

Pittsburgh, PA 15219

City/State and Zip Code

kbm@galantertomosovich.com

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

For further information concerning this matter, please call:

Kaitlin Malaspina

412

802-2686

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Toompea Equity LLC

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

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SEAL OF THE STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1000 Brickell Avenue

Suite 590

Miami FL 33143

Mailing Address:

1000 Brickell Avenue

Suite 590

Miami FL 33143

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:

James Milliron

Name

1000 Brickell Avenue, Suite 590

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

Miami

FL

33143

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..

DocuSigned by:

James Milliron

B79B2517236F4E4

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:

AMBR

James Milliron
1000 Brickell Avenue, Suite 590
Miami, FL 33143

AMBR

Michael D. Snyder
603 Stanwix Street, Unit 1750
Pittsburgh, PA 15222

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SECRETARY OF STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/02/2022. (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.

REQUIRED SIGNATURE:

DocuSigned by:

James Milliron

01202617236F4E4

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.

James Milliron

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)