To: 18506176381 From: 19545731480 Date: 10/14/22 Time: 10:58 AM Page: 02/05



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number ; (850)617-6381

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. TORO'S CLEANING SERVICES LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
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COVER LETTER

| | New Filing Sec Division of Cor | | | | | | | | |
|--|-----------------------------------|--|----------------|--|---|----------------------|-----------|--|--|
| SUBIE | | LEANING SERVICES L | LC | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | | | |
| The encl | osed Articles of | Organization and fee(s) ar | e submitted | for filing. | | | | | |
| Please re | turn all correspo | ondence concerning this m | itter to the t | ollowing: | | | | | |
| | MIGUEL A | TORO SANCHEZ | | | | | | | |
| | ., | | Name of | Person | <u></u> | | | | |
| | TORO'S CL | EANING SERVICES LL | С | | | | | | |
| | | | Firm/Co | mpany | | | | | |
| | 4975 E SAE | BAL PALM BLVD APT 3 | 14 | | | | | | |
| | | | Addr | ess | | | | | |
| | TAMARAC | FL 33319 | | | | | | | |
| | MIKETOR41 | L5@GMAIL.COM | ity/State an | d Zip Code | | | | | |
| | | E-mail address: (to be used | for future a | inmial report notification | on) | | | | |
| For furthe | r information co | ncerning this matter, pleas | e call: | | | | | | |
| | MIGUELTO | ORO 8 | 62 | 591-0297 | | | | | |
| | Nao | | | Daytime Telephone | | _ | | | |
| Enclosed | l is a check for t | he following amount: | | | | | 22 | | |
| □\$125. | 00 Filing Fee | ■\$130.00 Filing Fee & Certificate of Status | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | ES160,00 Certificat Curtified (additional c | te of Stati Copy: | nelosed) | | |
| | New F Divisi P.O. F | ng Address Filing Section on of Corporations BOX 6327 BASSEC, FL 32314 | | Street Address New Filing Section Di The Centre of Tullaha 2415 N. Monroe Street Tullahassoc, Ft. 3230 | ssce at, Suite 810 | LGRBX | FH 12: 35 | | |

A Section of the Association of the Association

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MANAGER | MIGUEL A TORO SANCHEZ 4975 E SABAL PALM BLVD APT 314 TAMARAC FL 33319 |
| MANAGER | RUBBY MEJIA-TORO 4975 E SABAL PALM BLVD APT 314 TAMARAC FL 33319 |
| | |
| | |
| | |
| E V: Effective date, if other than the cive date is listed, the date must filling.) | the date of filing: |
| etive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. | t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not timent of State's records. |
| E V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's effective date. | t be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will no |
| E V: Effective date, if other than the clive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any. | t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not timent of State's records. |
| E V: Effective date, if other than I effective date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that are | t be specific and cannot be more than five business days prior to or 90 is not meet the applicable statutory filing requirements, this date will not timent of State's records. |
| EV: Effective date, if other than is clive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's effective date effective effective date effective date effective effective date effective effe | is not meet the applicable statutory filing requirements, this date will no timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State. |

| то: 18506176381 | From: 19545731480 | Date: 10/14/2 | Time: 10:58 | AM Page: | 05/05 | |
|--|---|---|---|---------------------------------|-------------|--|
| A SECOND SECTION | 确实在这种企业的 | | | | | |
| | | | • | | | |
| ARTICLESOF | ORGANIZATION FOR FI | ORIDA LIMITED LIAB | LITY COMPANY | ~ | 11 | |
| ARTICLE I - Name: | | | | | | |
| The name of the Limited Liabilit | y Company is: | | | | | |
| | | | | | | |
| TORO'S CLEANING | G SERVICES LLC | | | | _ | |
| (Must cont | ain the words "Limited Li | ability Company, "L.L. | C.," or "LLC.") | | | |
| ARTICLE II - Address: | | | | | | |
| The mailing address and street ad | ddress of the principal off | ice of the Limited Liabi | lity Company is: | | | |
| Princip: | | Mailing Address: | | | | |
| 4975 E SABAL PAL | 4975 E S/ | 4975 E SABAL PALM BLVD | | | | |
| TAMARAC FL 333 | | TAMARA | C FL 33319 | | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its own Factive Florida registration | egistered Agent. You n | | vidual or | | |
| The name and the Florida street | address of the registered a | igent are: | | | | |
| | MIGUEL TORO | | | | | |
| | | Name | | | | |
| | 4975 E SABAL PALN | I BLVD APT 314 | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | | |
| | TAMARAC | FL | 33319 | | | |
| | City | State | Zip | | | |
| Having been named as registered of place designated in this certificate, further agree to comply with the prant familiar with and accept the ob- | , I hereby accept the appoint the oppoint the countries of all statutes reliable to the countries of all statutes | nunent as registered age ating to the proper and a | ent and agree to act in complete performance | r this capacity of my duties | y. 1 | |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT 14 PM 12: 35