

L23 000 214 529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

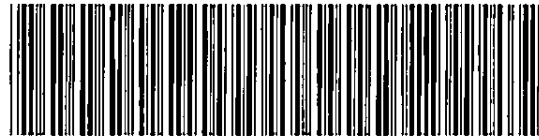
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY -1 AM 10:14
STATE OF FLORIDA
RECORDED
2023 MAY -1 AM 10:03
FILE
MAY -1
FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/01/2023

****WALK IN****

ENTITY NAME TOSH Investments, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

an: e 12/11

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TOSH Investments, LLC

ARTICLE II - Address:

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

Principal Office Address

530 Sawgrass Corporate Pkwy
Sunrise, FL 33325

Mailing Address

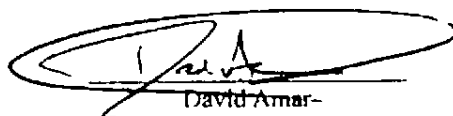
530 Sawgrass Corporate Pkwy
Sunrise, FL 33325

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature

The name and Florida street address of the registered agent are:

David Amar
530 Sawgrass Corporate Pkwy
Sunrise, FL 33325

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..



David Amar-

ARTICLE IV -

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

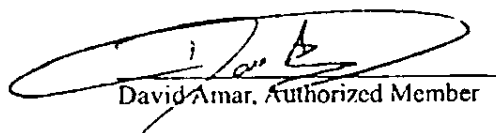
Title

AMBR

Name and Address

David Amar
530 Sawgrass Corporate Pkwy
Sunrise, FL 33325

SIGNED:



David Amar, Authorized Member