L 23000549165

(Requestor's Name)
(Address)
(Address)
V. 05. 1057
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
2
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:1	2/13/2023	
Name:		
Reference #:_	2210957	
Entity Name:_	NO.	TO TOO, LLC
☐ Amend ☐ Change ☐ Reinsta	e of Agent etement	ion to Transact Business
✓ Other_	CERT	FIED COPY UPON FILING
Authorized An	nount: \$155.00	

F: B00.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/13/2023	
Name:		
Reference #	0040057	
Entity Name	NO	TO TOO, LLC
	les of Incorporation/Authorizati	on to Transact Business
☐ Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fiction	tious Name	
✓ Othe	erCERTI	FIED COPY UPON FILING
Authorized Signature:	Amount: \$155,00	

F: +852.2682.9790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NOTO TOO, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
FICLE II - Address: mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 6897 GRENADIER BOULEVARD	Mailing Address: 6897 GRENADIER BOULEVARD

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

COGENCY GLOBAL, INC. Name

115 N. CALHOUN STREET, SUITE 4

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

TALLAHASSEE City

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. FS

Six Lugher Asst. Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	STUART J. KIPNES
	6897 GRENADIER BOULEVARD, UNIT 1701
	NAPLES, FL 34108
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ARTICLE IV-