

L2400197948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

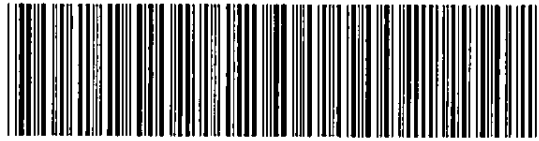
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200428433992

2024 MAY -2 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE

FILED

2024 MAY -2 PM 1:49
TALLAHASSEE, FLORIDA
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/02/2024

****WALK IN****

ENTITY NAME THE TOMEO EMPIRE LLC

DOCUMENT NUMBER _____

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

XXXXX

- Plain Copy*
- Certified Copy*
- Certificate of Status*

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

- Certified Copy of Arts & Amendments*
- Certificate of Good Standing*

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

2024 MAY -2 AM 9:4
 TALLAHASSEE, FL
 FILED

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: 120160000072

S. R. J. P.

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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE TOMEIO EMPIRE 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:

Michael Sherman

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

mtomeo85@live.com

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

For further information concerning this matter, please call:

Mike Sherman at (305) 448-5898
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

2024 MAY -2 AM 9:4
 FILED
 TALLAHASSEE
 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TOMEIO EMPIRE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

275 NE 18th Street, Unit 1105
Miami, Florida 33132

275 NE 18th Street, Unit 1105
Miami, Florida 33132

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.)

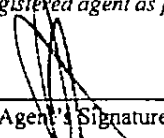
The name and the Florida street address of the registered agent are:

Thomas G. Sherman, P.A.
Name

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

Coral Gables FL 33134
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)

2024 MAY -2 AM 9:14
TALLAHASSEE, FL
FILED

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:

MGR

Mel Tomeo
275 NE 18th Street, Unit 1105
Miami, Florida 33132

(Use attachment if necessary)

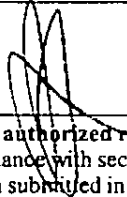
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Thomas G. Sherman, Authorized Representative of the Member(s)
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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 MAY -2 AM 9:4

FILED