

L24000287792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

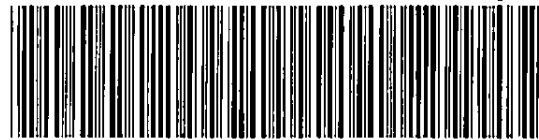
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**HOWARD CHERNOFF**  
*Attorney at Law*

**2414 Morris Avenue**  
**Union, NJ 07083**  
**Phone: (908) 810-7750**  
**Fax: (908) 810-7202**

MEMBER of NJ & NY BARS

RE:

LOT #

BLOCK #

Enclosed please find the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Deed                       | <input checked="" type="checkbox"/> Check in the amount of \$ 1600 - |
| <input type="checkbox"/> Affidavit of Consideration | <input checked="" type="checkbox"/> Self-addressed, stamped envelope |
| <input type="checkbox"/> Mortgage                   | <input type="checkbox"/> Notice(s) of Settlement                     |
| <input type="checkbox"/> Assignment                 | <input type="checkbox"/> Mortgagors' Affidavit of Title              |
| <input type="checkbox"/> Loan Title Policy          | <input type="checkbox"/> Sellers' Affidavit of Title                 |
| <input type="checkbox"/> Contract of Sale           | <input type="checkbox"/> Certificate of Occupancy                    |
| <input type="checkbox"/> Owners' Title Policy       | <input type="checkbox"/> Closing Statement (HUD-1)                   |
| <input type="checkbox"/> Real Estate Tax Payment    | <input type="checkbox"/> Tax Bill                                    |
| <input type="checkbox"/> Cancelled Mortgage         | <input type="checkbox"/> Discharge of Mortgage                       |
| <input type="checkbox"/> Title Binder               | <input type="checkbox"/> Title Binder Amendment                      |
| <input type="checkbox"/> Insurance Policy           | <input type="checkbox"/> Termite Certificate                         |
| <input type="checkbox"/> Flood Certificate          | <input type="checkbox"/> Approved Attorney Letter                    |
| <input type="checkbox"/> Survey                     | <input type="checkbox"/> Survey Endorsement                          |
| <input type="checkbox"/> Survey Description         | <input type="checkbox"/> Answer                                      |
| <input type="checkbox"/> Complaint                  | <input type="checkbox"/> Case Information Statement                  |
| <input type="checkbox"/> Default Judgment           | <input type="checkbox"/> Check in the amount of \$                   |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                                       |

Would you please:

- |  |   |
|--|---|
| <input type="checkbox"/> Record and Return   | <input checked="" type="checkbox"/> Record Original and Return Copy |
| <input type="checkbox"/> Sign and Return   | <input type="checkbox"/> Credit my account                          |
| <input type="checkbox"/> Retain for you files  | <input type="checkbox"/> Accept as payment                          |
| <input type="checkbox"/> Cancel of Record  | <input type="checkbox"/> Accept as mortgage pay-off                 |
| <input type="checkbox"/> Record Deed and return to me  | <input type="checkbox"/> Please contact me                          |
| <input type="checkbox"/> Fax me an acknowledgment  | <input type="checkbox"/> Mail me an acknowledgment                  |
| <input type="checkbox"/> Return cancelled mortgage to me for cancellation of record              |   |
| <input type="checkbox"/> Record Mortgage and Assignment and send it to address shown on document |   |

Thank you. If you have any questions, please call me.

Howard Chernoff

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TOH COFFEE 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:

HOWARD CHERNOFF

Name of Person

TAXLAW INC

Firm/Company

2414 MORRIS AVE #301

Address

UNION NJ 07033-5708

City/State and Zip Code

TAXLAWLLC@GMAIL.COM

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

For further information concerning this matter, please call:

HOWARD CHERNOFF at 908 810 7750

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:

TOH COFFEE 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:

TEBA O HUNTER  
9905 DECEBELLS RD  
NEW PORT RICHEY FL 34654

Mailing Address:

904 CHERNOFF  
2414 MORRIS AVE #301  
UNION NJ 07083-5708


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:

HOWARD CHERNOFF  
Name  
699 PYRULA AVE  
Florida street address (P.O. Box NOT acceptable)  
SANIBEL FL 33957  
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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

TEGBA O HUNTER  
9905 DECUBELLIS ROAD  
NEW PORT RICHEY FL 34654

(Use attachment if necessary)

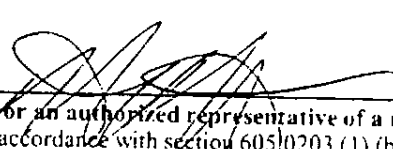
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

HOWARD CHERNAIEF  
Typed or printed name of signer

**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)

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