

L24000365691

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Division of Corporations

Florida Department of State
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(((H24000281583 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813)229-1500
Fax Number : (813)221-1570

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

Email Address: John@jaffetilchin.com

FLORIDA LIMITED LIABILITY CO.
Tots On The Go LLC

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Electronic Filing Menu

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Help

Facsimile Audit Number: **H24000281583 3**

8/22/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

Tots On The Go LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

Tots On The Go LLC

305 Eastleigh Dr

Belleair, FL 33756

MAILING ADDRESS:

Tots On The Go LLC

305 Eastleigh Dr

Belleair, FL 33756

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:
(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

John Trancoso

305 Eastleigh Dr

Belleair, FL 33756

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)

Facsimile Audit Number: **H24000281583 3**

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

NAME AND ADDRESS:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

MGR

John Troncoso
30S Eastleigh Dr
Belleair, FL 33756

ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING: _____

(OPTIONAL)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (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.

John Troncoso

TYPE OR PRINTED NAME OF SIGNEE

Facsimile Audit Number: H24000281583 3