

M1500000772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

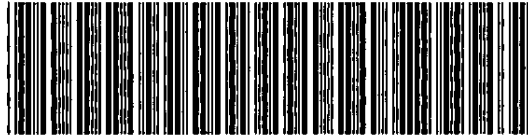
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/15--01001--013 **130.00

FILED
15 MAY 11 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

SYLVIA MILLER-HOWELL
8297 CHAMPIONS GATE BLVD 408
CHAMPIONS GATE, FL 33896

SUBJECT: TOCGOT, LLC
Ref. Number: W15000027845

We have received your document for TOCGOT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00007967

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOCGOT, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

SYLVIA MILLER-HOWELL

Name of Person

TOCGOT, LLC

Firm/Company

8297 CHAMPIONS GATE BLVD 408

Address

CHAMPIONS GATE, FLORIDA 33896

City/State and Zip Code

SMILLER3311@YAHOO.COM

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

For further information concerning this matter, please call:

SYLVIA MILLER-HOWELL at **407** **507-2073**

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. TOCGOT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MASON, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TOCGOT, LLC

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5156463

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 62 WEST 47TH STREET 1614B

NEW YORK, NY 10036

(Street Address of Principal Office)

6. 8297 CHAMPIONS GATE BLVD 408

CHAMPIONS GATE, FLORIDA 33896

(Mailing Address)

FILED
15 MAY 11 AM 7:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

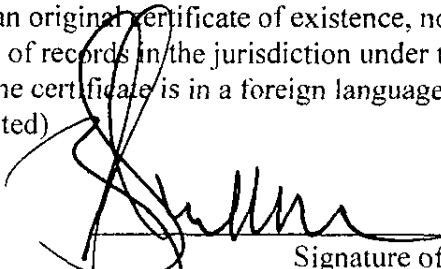
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

SYLVIA MILLER-HOWELL SENIOR EXECUTIVE MANAGER

8297 CHAMPIONS GATE 408

CHAMPIONS GATE FLORIDA 33896

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

SYLVIA MILLER HOWELL

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TOCGOT, LLC

If unavailable, the alternate to be used in the state of Florida is:

MASON, LLC

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

SYLVIA STEPHENSON

(Name)

8909 LEGACY CT. 15101

Florida Street Address (P.O. Box NOT ACCEPTABLE)

KISSIMMEE

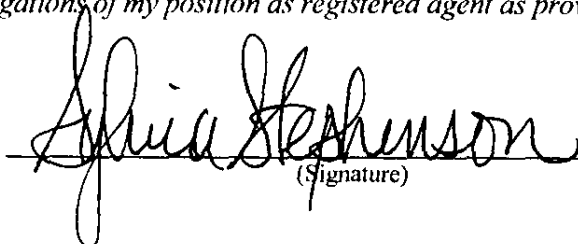
FL 34747

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 11 AM 7:51

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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of New York
Department of State } ss:

I hereby certify, that TOCGOT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/12/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
15 MAY 11 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of March two
thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State