

US  
10/16/20

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number: FCA000000017  
Date: 10-15-20  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO  
DEDUCT FROM ACCOUNT

\$ 160.00

Corporation Name:

TOA Services, LLC

Email Address:

Entity Number:

Authorization:

Kim Pullen

FILED  
2020 OCT 15 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Plain Stamped Copy

☐ Annual Report

☐ Amendments

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CI Internal Use Only

Client 55307 Matter 42610

Name Ryder Office MIA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOA SERVICES LLC

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

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

3. 85-2011111

(FEI number, if applicable)

4. UPON QUALIFICATION

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

5. 100 SE SECOND STREET, SUITE 4200

(Street Address of Principal Office)

ATTN: ROBERT B. MACAULAY

MIAMI, FLORIDA 33131

6. 100 SE SECOND STREET, SUITE 4200

(Mailing Address)

ATTN: ROBERT B. MACAULAY

MIAMI, FLORIDA 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CF REGISTERED AGENT, INC.

Office Address: 100 S. ASHLEY DRIVE, SUITE 400

TAMPA

(City)

, Florida

33602

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CF REGISTERED AGENT, INC.

By:

*Robert B. Macaulay*

(Registered agent's signature)

Robert B. Macaulay, Authorized Rep.

3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Alfredo Monge</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Fernando Saenz</u>
<input type="checkbox"/> Member	Address: <u>Torre Lexus, Piso 2</u>	<input type="checkbox"/> Member	Address: <u>Torre Lexus, Piso 2</u>
<input type="checkbox"/> Authorized	<u>Avenida Escazu</u>	<input type="checkbox"/> Authorized	<u>Avenida Escazu</u>
Person	<u>San Jose, Costa Rica</u>	Person	<u>San Jose, Costa Rica</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE FLORIDA  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Robert B. Macaulay  
Signature of an authorized person

ROBERT B. MACAULAY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOA SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOA SERVICES LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

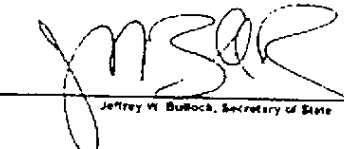
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3177907 8300

SR# 20207819342

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication 203859429

Date: 10-14-20