Maam/3834

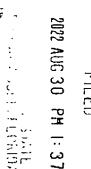
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

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COVER LETTER

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TOLEDO ENTERPRISES LLC SUBJECT:			
	ne of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.		
Please return all correspondence concerning this matter	to the following:		
ORLANDO TOLEDO			
	Name of Person		
TOLEDO ENTERPRISES LLC			
 	Firm/Company		
12630 OLD PLANTATION LN			
	Address		
ORLANDO, FL 32824			
	City/State and Zip Code		
OTOLEDO1975@GMAIL.COM			
E-mail address: (to b	be used for future annual report notification)		
for further information concerning this matter, please ea	all:		
ORLANDO TOLEDO	612 3885787 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DE			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing F Certificate			



August 18, 2022

ORLANDO TOLEDO 12630 OLD PLANTATION LN ORLANDO, FL 32824

SUBJECT: TOLEDO ENTERPRISES LLC

Ref. Number: W22000106690

We have received your document for TOLEDO ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 622A00018485

RECEIVED

AUG 3 0 2022

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOLEDO ENTERPRIS							
(Name of Foreign ORLANDO TOLEDO EN	Limited Liability Company: must include "Limite NTERPRISES LLC.	d Liabilit	y Company," "L.L.C.,"	or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must inclu	le "Limited L	iability Company,	""I,,I,,C,"	or "LLC.
STATE OF MINNESO'	FA hich foreign limited hability company is organized)	3.	74-3200623		ber, if applicable)		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)			(FEI ouml	ber. if applicable)		
N/A 4							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio nine penalty	n.) Tiability)				
12630 OLD PLANTATION EN 5. (Street Address of Principal Office)		6.	12630 OLD PLAS				-
(Street Address of Principal Office)			(Statting Address)				
ORLANDO, FL 32824		ORLANDO, FL 32824					
7.11		NOT			Aldrin Mercin e de		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	X <u>NOT</u>	acceptable)		•	022	
Name:	ORLANDO RIGOBERTO TOLEDO					2022 AUG 30 PH	FILED
Office Address:	12630 OLD PLANTATION LN				S.C. F.		EU
	ORLANDO		3 , Florida	2824	_02111 _02111	 ယ	
	(City)			(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.



8. 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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: ORLANDO R. TOLEDO	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	12630 OLD PLANTATION LN	□Authorized		
Person	ORLANDO, FL 32824	Person		
□Other	Other	□Other		□Other
□Manager	Name: MARIA F. TOLEDO	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized	12630 OLD PLANTATION LN	□Authorized		
Person	ORLANDO, FL 32824	Person		
Other	Other	Other		□Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other

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.

Y June of an authorized person

ORLANDO RIGOBERTO TOLEDO / MARIA FABIOLA TOLEDO

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: TOLEDO ENTERPRISES LLC.

Date Filed: 02/08/2022

File Number: 1292324500055

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 08/11/2022

THE ST OILE DU SON SALVANIA SA Steve Pinn Steve Simon

Secretary of State State of Minnesota