M23000011405

(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:		





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N23 SEP -1 PH 4: 53
SECRETARY OF STATI

ALL ADARGE TO AMIL: 5

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 961226 7806954

AUTHORIZATION: Somewife on a

COST LIMIT : \$ 125/00

ORDER DATE: August 29, 2023

ORDER TIME : 9:45 AM

ORDER NO. : 961226-020

CUSTOMER NO: 7806954

FOREIGN FILINGS

NAME: TOILETS TO GO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Toilets to Go LLC					
		Name of Limited Liability Company				
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.				
Please return	n all correspondence concerning this n	natter to the following:				
	David Pickerd					
	Name of Person					
	Caldicot Capital LLC					
Firm/Company						
	635 Bryant St.					
		Address				
	Palo Alto, CA 94301					
	City/State and Zip Code					
	pickerd@caldicotcapital.com					
	E-mail address	: (to be used for future annual report notification)				
For further in	nformation concerning this matter, plo	ease call:				
David Pickerd		801 473-5917				
	Name of Contact Persor	Area Code Daytime Telephone Number				
Reg	iling Address: gistration Section	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amease make check payable to: FLORID. \$125.00 Filing Fee	A DEPARTMENT OF STATE				

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

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

	is adopted for the julipose of dansacting dustiless in Figure	da. The alternate name must include "Limited Liab	olity Company," "L.L.C," or "ELC		
Delaware		93-2840544 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		(l'El number, it applicable)			
N/A					
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.) penalty liability)			
29055 SW 107th Ave		21 Van Natta Dr	202. SE		
et Address of Principal Office)		(Mailing Address)	ACR SE		
Homestead FL 33033		Ringwood, NJ 07456			
			PH ASSI		
-			HAT I		
	of Florida registered agent: (P.O. Box 1	N <u>OT</u> acceptable)	TATE 53		
Name: _	Corporation Service Company				
Office Address: _	1201 Hays Street				
	Tallahassee	32301 , Florida			
		(Zip code)			

By:

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: Nelson Matthews	■Manager	Name: David Pickerd
□Member	Address:635 Bryant St.	□Member	Address: 635 Bryant St.
□Authorized	Palo Alto, CA 94301	□Authorized	Palo Alto, CA 94301
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	entropy .	□Authorized	
Person		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.

Dad fliked	
	Signature of an authorized person
David Pickerd	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TOILETS TO GO 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 THIRTIETH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOILETS TO GO LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2023.

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



Authentication: 204070655

Date: 08-30-23