

P24000011573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

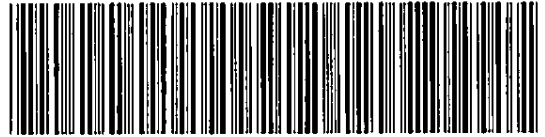
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT

*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : 02/14/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILING

NAME: TOC ENTERPRISES CORP.

EFFECTIVE DATE:

- ☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: shauna godbolt

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TOC ENTERPRISES CORP.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: LEVENFELD PEARLSTEIN, LLC

Name (Printed or typed)

120 S. RIVERSIDE PLAZA, STE. 1800

Address

CHICAGO, ILLINOIS 60606

City, State & Zip

312.446.3830

Daytime Telephone number

lpagents@llegal.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB 14 PM 1:29

FILED

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: TOC ENTERPRISES CORP.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
18501 Collins Ave., Suite 4601  
Sunny Isles Beach, Florida 33160

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful business purpose or activity  
for which corporations may be formed under the Florida Business Corporation Act.

## ARTICLE IV SHARES

The number of shares of stock is: 10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stewart Mandler, President

Address: 8501 Collins Ave., Suite 4601  
Sunny Isles Beach, Florida 33160

Name and Title: Stewart Mandler, Secretary

Address: 8501 Collins Ave., Suite 4601  
Sunny Isles Beach, Florida 33160

Name and Title: Stewart Mandler, Treasurer

Address: 8501 Collins Ave., Suite 4601  
Sunny Isles Beach, Florida 33160

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company \_\_\_\_\_

Address: 1201 Hays Street \_\_\_\_\_

Tallahassee, FL 32301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Nancy Lieberman \_\_\_\_\_

Address: 120 S. Riverside Plaza, Ste. 1800 \_\_\_\_\_

Chicago, Illinois 60606 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

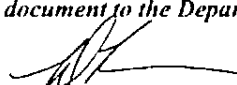
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

02/14/2024

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

February 14, 2024  
\_\_\_\_\_  
Date

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2024 FEB 14 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL