

LA5000042170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

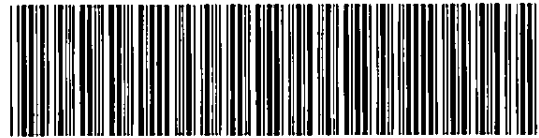
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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\$125.00

2024 FEB -3 PM 2:02
FEB 03 2024
FEB 03 2024

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TOAFF IRA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Benjamin Toaff
Name of Person

Firm/Company

450 Alton Rd #2406
Address

Miami FL 33139
City/State and Zip Code

Ben@trustedcapitalhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Toaff at 786 803-8014
Name of Person Area Code Daytime Telephone Number

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
345 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025 FEB -3 PM 3:10
FILED
TALLAHASSEE, FL
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOAFF IRA LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

450 Alton Rd #1505
Miami FL 33139

Mailing Address:

450 Alton Rd #1505
Miami FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Benjamin Toaff
Name

450 Alton Rd #1505
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33139
City State Zip

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, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 FEB -3 PM 1:51
STATE OF FLORIDA
[Stamp]

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

iPlanGroup Agent for Custodian FBO Benjamin Toaff IRA
28011 CLEMENTS RD #B WESTLAKE OH 44145

AR

BENJAMIN TOAFF
450 ALTON RD #1505 MIAMI FL 33139

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Aulona Hoxha

Signature of a member or an authorized representative of a member.

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.

Aulona Hoxha

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021 FEB -3 PM 1:51
FEB 11 2021