

7/11/23, 3:20 PM

L23000326821

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000243244 3)))



H230002432443ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JUL 11 PM 3:52

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CPELLEGRINO@PSCPAFIRM.COM

FLORIDA LIMITED LIABILITY CO.
Kasa Holdings III, LLC

RECEIVED
2023 JUL 11 PM 3:42
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

H23000243244

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kasa Holdings III, LLC

(Must end with 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:

Mailing Address:

411 Walnut Street #21166

Green Cove Springs, FL 32043-3443

411 Walnut Street #21166

Green Cove Springs, FL 32043-3443

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:

Daniel Rapaport

Name

411 Walnut Street #21166

Florida street address (P.O. Box NOT acceptable)

Green Cove Springs

City

FL

32043-3443

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..

Daniel Rapaport

Registered Agent's Signature (REQUIRED)

Daniel Rapaport

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JUL 11 PM 3:52

H23000243244

H23000243244

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Daniel Rapaport

411 Walnut Street #21166

Green Cove Springs, FL 32043-3443

2023 JUL 11 PM 3:52

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Daniel Rapaport

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Daniel Rapaport

Typed or printed name of signee