

L020000007008

Catco Real Estate Services Inc

Cathryn Comer
818 US Hwy 1
Suite 3
North Palm Beach, FL 33408
Phone 561-625-4155
Fax 561-625-4153

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-03/08/02--01078--001
****250.00 ****125.00

Enclosed is a check for \$250.00 to be divided as follows:

Name: Catco Real Estate Services LLC
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent

Name: Catco Commercial Consultants LLC
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent

Thank You,

Cathryn Comer

FILED
02 MAR 25 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-2008
[Signature]



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 13, 2002

CATHRYN COMER
818 US HIGHWAY 1, SUITE 3
NORTH PALM BEACH, FL 33408

SUBJECT: CATCO REAL ESTATE SERVICES LLC
Ref. Number: W02000007045

We have received your document for CATCO REAL ESTATE SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 702A0001515

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CATCO REAL ESTATE SERVICES LLC

ARTICLE II - Address:

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

818 US Hwy 1 Suite 3
NORTH PALM BEACH, FL, 33408

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

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

Cathryn D. Comer
Name
818 US Hwy 1
Suite 3
Florida street address (P.O. Box **NOT** acceptable)
North Palm Bch FL, 33408
City, State, and 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 608, F.S.

Cathryn D. Comer
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Cathryn D. Comer
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cathryn D. Comer
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

MAR 25 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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