

W03 0000 38802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

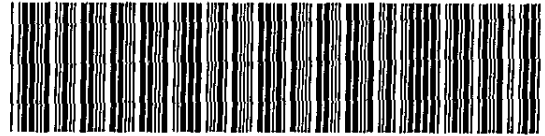
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200023505002

10/03/03--01035--003 **130.00

W03-38802
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Catsablanca II, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACY PARSONS
(Name of Person)

Catsablanca II, LLC
(Firm/Company)

1339 Nelson Ct
(Address)

Rockledge FL 32927
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY PARSONS at (321) 539-9907
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed you will find the Articles of Organization for:

Catsablanca II, LLC

Registered Agent :

Tracy Parsons

1339 Nelson Ct

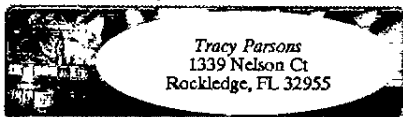
Rockledge FL 32955

321-537-9907

Attached you will also find a check for \$130.00 for filing fees.

Thank you for your assistance

Tracy Parsons



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Catsablanca II, LLC

ARTICLE II - Address:

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

Principal Office Address:

1339 Nelson Ct
Rockledge FL
32955

Mailing Address:

1339 Nelson Ct
Rockledge FL
32955

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

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

TRACY PARSONS
Name

1339 Nelson Ct
Florida street address (P.O. Box **NOT** acceptable)

Rockledge FL 32955
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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SANDRA CARNEY
302 STENOAL RD
Palm Bay FL 32909

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

TRACY PARSONS
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)