

W4000072834

(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



600041488176

10/05/04 --01011--014 **130.00

GA OCT - 5 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W4-72834
OK

8417 29th St E
Parrish, FL 34219
September 29, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find your Transmittal Letter, Articles of Organization for FL LLC, for our new Limited Liability Company called Kosarick Financial Services, LLC.

You can contact me at 941-776-5827 of at the above address with any questions.

Enclosed please find our check# 3422, in the amount of \$130.00. This includes \$100.00 Filing Fee for Articles of Organization, \$25.00 Designation of Registered Agent, and \$5.00 Optional Certificate of Status.

Thank you for your help and co-operation.

Sincerely Yours,



Deborah A. Kosarick
Kosarick Financial, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT - 5 PM 2:51

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOSARICK FINANCIAL SERVICES 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:

DEBORAH KOSARICK, SOLE MEMBER
(Name of Person)

KOSARICK FINANCIAL SERVICES, LLC
(Firm/Company)

8417 29th ST E
(Address)

PARNISH, FL 34219
(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER J. KOSARICK, IV at (941) 776-5827
(Name of Person) M6R (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -5 PM 2:51

FILED

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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KOSARICK FINANCIAL SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

8417 29th ST E
PANAMA, FL 34219

Mailing Address:

8417 29th ST E
PANAMA, FL 34219

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

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

~~WALTER~~ DEBORAH A. KOSARICK

Name

8417 29th ST E

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

PANAMA FL 34219

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.

Deborah A. Kosarick

Registered Agent's Signature

04 OCT - 5 PM 2:51
SECRET
TALLAHASSEE, FLORIDA

FILED

(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

DEBORAH A. KOSARICK
8417 29th ST E
PANAMA, FL 34219

MGR

WALTER J. KOSARICK, III
8417 29th ST E
PANAMA, FL 34219

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Deborah A. Kosarick
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.)

DEBORAH A. KOSARICK
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -5 PM 2:51

FILED