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| (Requestor's Name) | | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVINION DORNORATION

COVER LETTER

| TO: Registration Division of | n Section f Corporations | | |
|------------------------------|---|---|--|
| SUBJECT: | Cathana LLC (Name of Limit | ed Liability Company) | |
| The enclosed Articl | es of Organization and fee(s) are | submitted for filing. | |
| Please return all cor | respondence concerning this matt | er to the following: | |
| Path | | USA MAY (Name of Person) | <u> </u> |
| | | , | ALLA OCT |
| · | | (Firm/Company) | 3 P |
| 7057 | Augusta F | (Address) | F. F. OR. 1. 16 |
| Larg | o, FL 33- | 777 | ALIONS BOAS |
| Q | (City | //State and Zip Code) | |
| For further informat | ion concerning this matter, please | call: | |
| Pathana R | attanasamay | at (<u>727</u>) <u>374 -</u> (Area Code & Daytime T | 8620 8.540 elephone Number) |
| Enclosed is a chec | k for the following amount: | | |
| \$125.00 Filing F | ee S130.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLE II - 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

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

business entity with an active Florida registration.)

Pathana Rattanasamay

Name

7057 Augusta Blvd

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

Largo, FL 33777

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

| ARTICLE IV- Manager(s) or I The name and address of each M | Managing Member(s): Ianager or Managing Member is as follows: |
|---|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGR | Sengdara Riverage 7057 Augusta Blvd FF Largo, FL 33777 |
| MGRM | Sengdao Rattanasama 7057 Augusta Bird Largo, FL 33777 |
| MGRM | Pathana Rattanasamay 7057 Augusta Blvd Largo, FL 33777 |
| | |
| (Use attachment if necessary) CLE V: Effective date, if other than | |
| effective date is listed, the date multiple of the date of filing.) | ust be specific and cannot be more than five business days p |
| REQUIRED SIGNATURE: | ember or an authorized representative of a member. |
| (In accordance wi | ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.) |
| | Typed or printed name of signee |
| Filing Fees: | |
| \$125.00 Filing Fee for Articles of of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) |) |