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

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

Division of Corporation

SUBJECT: Kata, LLC

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

Please return all correspondence concerning this matter to the following:

James G. Luck KATA, LLC 15455 Meadow Wood Drive Wellington, FL 33414



For further information concerning this matter, please call:

James G. Luck at (954) 494-1125.

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

(additional copy enclosed)

d) Cartined Copy
(additional copy enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Title:

ARTICLE I—Name:

The name of the Limited Liability Company is: KATA, LLC.

ARTICLE II—Address:
The mailing address and street address of the principal officer of the Limited Liability Company is: 15455 Meadow Wood Drive, Wellington, FL 33414.

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

James G. Luck 15455 Meadow Wood Drive Wellington, FL 33414

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.

ogistered Agent's Signature

Name and Address:

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

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

"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	James G. Luck 15455 Meadow Wood Drive Wellington, FL 33414

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.)

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)

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