## LD000/0/026

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do.	cument Number)	<del></del> -
(DO	cument Number)	
Certified Copies	Certificates	of Status
,	-	
Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: <u>CATALONIA at KENDALE LAKES</u> 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:	
DEREK E. DAGGER (Name of Person)	<u></u> &:.
(Firm/Company)	÷
9760 WEST LAS PARMARITAS DRIVE (Address)	· • • •
PEDRIA, A-2, 85345 (City/State and Zip Code)	
For further information concerning this matter, please call:	!-
Der Er Dagger at 951 815-9799 & Signature Telephone Number)	
Enclosed is a check for the following amount:  \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \$\Bigcup \\$155.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing Address  Registration Section  Division of Compositions  Street/Courier Address  Registration Section  Division of Compositions	٠.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CATALONIA at KEN	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MIAMI, FL 33183	9760 W. LAS PALMARITAS DRIVE DEORIA, AZ 85345
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another 200
DEREK E. DAG Name	
	ress (P.O. Box NOT acceptable)
MIAMI City, State, a	FL 33183 nd Zip
	accept service of process for the above stated limited his 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..

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGR	DEREL E. DAGGER 9760 W. LAS PALMARITAS D PEDRIA, 192 85345
(Use attachment if necessary) LE V: Effective date, if other	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior
ltective date is listed the d	ig.)
dective date is listed, the dective date of filings after the date of	RE:
days after the date of filing the date of the date of filing the date	RE:

Filing Fees:

A 25 A

**★ \$125.00** Filing Fee for Articles of Organization and Designation of Registered Agent

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

 \$ 30.00 Certified Copy (Optional)

 \$ 5.00 Certificate of Status (Optional)