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TALLAHASSEE, FLORIDA

326
[Signature]

TRANSMITTAL LETTER
for
ARTICLES OF ORGANIZATION
of
KATHLEEN CT., LLC.

TO: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FROM: KATHLEEN CT., LLC

Dear Sir or Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Michael Slaven
23242 Marsh Landing Blvd.
Estero, FL 33928

If additional information is required, please contact Mr. Michael Slaven, Registered Agent at (239) 597-5374. Please find enclosed a check for \$125.00.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Articles of Organization
of a Florida Limited Liability Company
for
KATHLEEN CT., LLC

Article I

The name of the Limited Liability Company is **KATHLEEN CT., LLC.**

Article II

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

**1911 SEWARD AVENUE, STE #4
NAPLES, FL 34109**

The mailing address of the office of the Limited Liability Company is:

**1911 SEWARD AVENUE, STE #4
NAPLES, FL 34109**

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

Article IV

The name(s), address(es) and ownership interest of the members of this Limited Liability Company are:

<u>Name & Address</u>	<u>Interest Owned</u>
Michael & Rachel Slaven 23242 Marsh Landing Blvd, Estero, FL 33928	33.34%
Carlo & Karen Llorca 4049 Skyway Drive, Naples, FL 34112	33.33%
Blake & Audrey Martin 3815 Valentia Way, Naples, FL 34119	33.33%

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Article IV

The name and Florida Street address of the registered agent is:

Michael Slaven
1911 SEWARD AVENUE, STE #4
NAPLES, FL 34109

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.

Registered Agent Signature:


Michael Slaven

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