

L070000084592

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000064272 3)))



H070000642723ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

FLORIDA/FOREIGN LIMITED LIABILITY CO.

kathystees.com LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

RECEIVED

07 AUG 17 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 17 AM 8:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. Hampton AUG 20 2007

H070000642723

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

kathystags.com LLC**ARTICLE II - Address:**

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

Principal Office Address:7367 60th StLive Oak Florida, 32060**Mailing Address:**7367 60th StLive Oak Florida, 32060**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kathy Massimo

Name

7367 60th StFlorida street address (P.O. Box **NOT** acceptable)Live Oak,FLORIDA 32060

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, Florida Statutes..


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

H070000642723

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 17 AM 8:38

H070000642723

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:

MGR

Kathleen M Massimo

7387 60th St

Live Oak Florida, 32080

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kathleen M. Massimo
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.)

Kathleen M. Massimo
Typed or printed name of signer

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)

H070000642723