

LO8 000002469

Cathy Zorn

(Requestor's Name)

8782 N. Limbo Circle

(Address)

Citrus Springs, Fl. 34434

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

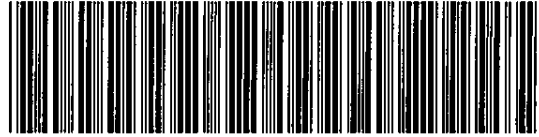
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600113732186

01/07/08--01027--011 **160.00

FILED
2008 JAN - 7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 8 2008

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cat Z's Coastal Living LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

430 N. E. 3rd St.
Crystal River, FL
34429

Mailing Address:

8782 N. Limbo Circle
Citrus Springs, FL 34434

ARTICLE III - 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 business entity with an active Florida registration.)

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

MARK J. ZORN
Name

8782 N. Limbo Circle
Florida street address (P.O. Box **NOT** acceptable)

Citrus Springs FL 34434
City, State, and Zip

FILED
2020 JAN - 7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mark J. Zorn
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Cathy E. Zorn
8782 N. Limbo Circle
Citrus Springs, FL 34431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/5/08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Cathy E. Zorn
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.)

Cathy E. Zorn
Typed or printed name of signee

2008 JAN -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)