L09000004797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 02/01/09

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DIVISION OF CORPORATIONS
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T. HAMPTON

JAN 15 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CASTALZ, L.L.C.
(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:

CHRISTINE ZACHARIAS
(Name of Person)

(Firm/Company)

8764 STEEPLECHASE DRIVE
(Address)

PALM BEACH GARDENS, FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE ZACHARIAS at (561) 625-1723
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☑ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is 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

Christine & Charles Zacharias
8764 Steeplechase Drive
Palm Beach Gardens, FL 33418
561-626-5326

1/12/09

Florida Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

RE CASTALZ, LLC

Dear Sir,

Enclosed please find the necessary paperwork to establish a new LLC. Also please find a check in the amount of $130.00 to cover filing fees.

Please mail the completed paperwork to the address listed at the top of the page.

Sincerely,

Christine Zacharias

Christine Zacharias

Effective Date 02/01/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CASTALZ, L.L.C.
(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:	**Mailing Address:**
8764 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	(SAME)

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:

CHRISTINE ZACHARIAS
Name

8764 STEEPLECHASE DRIVE
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33418
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, F.S..

Christine Zacharias
Registered Agent's Signature (REQUIRED)

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(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	CHRISTINE ZACHARIAS 8764 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418
MGRM	CHARLES ZACHARIAS 8764 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418
MGRM	ATHENA JANETAKIS 360 E. 72ND A700 NEW YORK, NY 10021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEB. 1, 2009 . (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:

Christine Zacharias
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.)

Christine Zacharias
Typed or printed name of signee

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)

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