

LO900004539/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

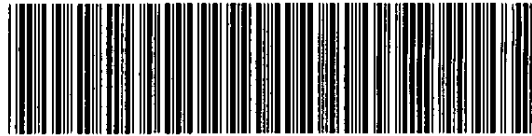
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900149856359

04/15/09--01018--009 **160.00

Effective Date 05/04/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 8 AM 10:20

T. HAMPTON
MAY 11 2009
EXAMINER

076827-0600

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roxanne Kalish 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:

Roxanne Kalish
(Name of Person)

Roxanne Kalish
(Firm/Company)

82 Nottingham Pl
(Address)

Boynton Beach FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Roxanne Kalish at (754) 244.6594
(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

To Whom It May Concern,

4.13.09

My Information. —

Roxanne Kalish

82 Nottingham Pl.

Boynton Beach Fl. 33426

734.244.6594

Roxanne Kalish

J.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 16, 2009

ROXANNE KALISH
82 NOTTINGHAM PL
BOYNTON BEACH, FL 33426

SUBJECT: ROXANNE KALISH LLC
Ref. Number: W09000017896

We have received your document for ROXANNE KALISH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 15, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00012785

Effective Date 05/04/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roxanne Kalish 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:

82 Nottingham Pl.
Boynton Beach, FL
33426

Mailing Address:

82 Nottingham Pl.
Boynton Beach FL
33426

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.)

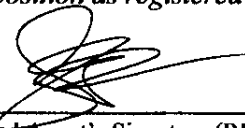
The name and the Florida street address of the registered agent are:

Gabrielle Bourne
Name

13833 Wellington Tracce E 4 156
Florida street address (P.O. Box NOT acceptable)

Wellington FL 33414
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.


Registered Agent's Signature (REQUIRED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 8 AM 10:20

(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:

mGRM

mGR

Roxanne Kalish
82 Nottingham Pl.
Boynton Beach FL 33426

Rudolph Moccia
82 Nottingham Pl
Boynton Beach FL 33426

(Use attachment if necessary)

5.4.09

ARTICLE V: Effective date, if other than the date of filing: 3-30-09 (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:

Roxanne Kalish
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.)

Roxanne Kalish
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)