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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Kosuta	Architecture Planning a	nd Design LLC	·
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this matt	er to the following:	
Craig J. Kosu	ta		
.		Name of Person	
509 North Vir	ginia Avenue		
		Firm/Company	
<u></u>		Address	
Winter Park, I	Florida 32789		
		y/State and Zip Code	
info@kosuta.			
	·	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Craig J. Kosuta		at (407) 620-2874 Area Code & Daytime Telep	
Name	of Person	Area Code & Daytime Teler	hone Number
Enclosed is a check for	or 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 Fec, 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Kosuta Architecture Planning and Design 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:	Mailing Address:	
509 North Virginia Avenue	509 North Virginia Avenue	
Winter Park, Florida 32789	Winter Park, Florida 32789	

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:

Craig J. Kos	uta			
	Name			
509 North V	irginia Avenue			
Florida street address (P.O. Box NOT acceptate				
Winter Park	FL 32789			
	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 Agont's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma "MGRM" = I	anager Managing Member	Name and Address:	
MGR		Craig J. Kosuta	
		509 North Virginia Avenue	
		Winter Park, Florida 32789	_
			_
			_
			_
			_
			_
LE V: Effect	ent if necessary)	e date of filing: (OPTI	ONA)
LE V: Effect fective date is	ive date, if other than the	e date of filing: (OPTI be specific and cannot be more than five busines	ONA s days
LE V: Effect fective date is days after the	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five busines:	ONA) s days
LE V: Effect: fective date is days after the	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a memb	be specific and cannot be more than five business per or an authorized representative of a member.	ONA) s days
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