# Electronic Articles of Organization For Florida Limited Liability Company

L11000018183 FILED 8:00 AM February 11, 2011 Sec. Of State Isellers

# **Article I**

The name of the Limited Liability Company is: KASSIK ENTERPRISES, LLC

# **Article II**

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

1035 PIONEER WAY GENEVA, FL. US 32732

The mailing address of the Limited Liability Company is:

P.O. BOX 1089 GENEVA, FL. US 32732

#### **Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

### **Article IV**

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

KAREN W PROCELL ESQ. 200 S. ORANGE AVENUE SUITE 2300 ORLANDO, FL. 32801

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.

Registered Agent Signature: KAREN W. PROCELL

# Article V

The name and address of managing members/managers are:

Title: MGRM JOHN E KASSIK 1035 PIONEER WAY GENEVA, FL. 32732 L11000018183 FILED 8:00 AM February 11, 2011 Sec. Of State Isellers

Signature of member or an authorized representative of a member

Electronic Signature: JOHN KASSIK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.