## L11000056993

(Requestor's Name)
(Address)
(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



900207433749

05/12/11--01030--014 \*\*160.00

FILED

11 HAY 12 PM 3: 29

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

J. BRYAN

MAY 1 3 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	CT: C	ato Aqu	atics LLC		
. 5020	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	<del></del>	
· The enc	losed Articles of Organization	and fee(s) ar	e submitted for filing.		
Please r	eturn all correspondence conc	erning this ma	atter to the following:		
		Kevin C	Cato		
-	·		Name of Person		
-	· · · · · · · · · · · · · · · · · · ·		Firm/Company		
	12253 Blad	kpool D	r.	ALL SEC	-
-			Address	AN E	-
	Jacksonvill	e Fl 32	246	12 ARY SSE	
-	OGOROGIVIII		City/State and Zip Code	<del> </del>	
	catoaquatics(			STA STA	
_	E-mail addr	ess: (to be used	for future annual report notification)	<u> </u>	
For furt	ner information concerning thi	s matter, plea	se call:	( )	
	Kevin Cato		at (904 ) 612-0227		26
	Name of Person		Area Code & Daytime Telephone Number	<del></del>	
Enclose	ed is a check for the following	ng amount:			
	Filing Fee \$130.00 Fi	_	\$155.00 Filing Fee & Sertificate of Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee & Certificate of Certified Copy (additional copy is enclosed)	of Status & opy	
	Mailing Ad Registration Division of P.O. Box 6: Tallahassee	Section Corporations 327	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Cato Aquatics L	LC	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
12253 Blackpool Dr.	12253 Blackpool Dr.	
Jacksonville, FL 32246	Jacksonville, FL 32246	
Jacksonville	ered Agent. You must designate an indivergistered agent are:	

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)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	Kevin Cato
	10075 Gate Parkway #1001
	Jacksonville, FL 32246
MGRM	Chris Cato
	12253 Blackpool Dr.
	Jacksonville, FL 32246
MGRM	Jerry Cato
	12253 Blackpool Dr.
	Jacksonville, FL 32246
	75 C
(Use attachment if necessary	)
LE Ve Effective data if other	About the data of Climan (OPTION A)
factive date is listed, the date	than the date of filing: (OPTIONAL
days after the date of filing.)	e must be specific and cannot be more than five business days
days after the date of ming.	,
<u>REQUIRED</u> SIGNATURE	;
	/
	$\mathcal{L}$
	D. A
	Rais Cato
	a member or an authorized representative of a member.
Signature of (In accordance with so	ection 608.408(3), Florida Statutes, the execution of this document
Signature of  (In accordance with so	·

**Kevin Cato** 

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)