112000011617

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
W12000	001576		

Office Use Only



100216060401

01/09/12--01023--007 **130.00

5 W2708

D. BRUCE JAN 25 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2012

DAVID J. SZERLAG 88 CADY AVE. WARWICK, RI 02889

SUBJECT: CATALYST-FLORIDA, LLC

Ref. Number: W12000001576

We have received your document for CATALYST-FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is J62708.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 512A00000609

COVER LETTER

то:	Registratio Division of	n Section Corporations		
SUB.	JECT: CA	TALYST-FLORID		
		Name of Limit	ed Liability Company	
The e	enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Pleas	e return all corr	espondence concerning this matt	er to the following:	
	Dovid	I Caorlog		
	<u>David</u>	J. Szerlag	Name of Person	
-			Firm/Company	100 C
	88 Cad	dy Ave.		A Paris Pari
		· · · · · · · · · · · · · · · · · · ·	Address	
	Monuial	- DI 00000		
	warwick	k, RI 02889	y/State and Zip Code	<u></u> ; C
	dszerlag	@gmail.com	,	
	GOZONAG	E-mail address: (to be used t	or future annual report notification)	
For f	urther informati	on concerning this matter, please	call:	
Da	.: 0	_	040 000 4700	
Da	vid Szerla	g me of Person	at (612) 396-1728 Area Code & Daytime Telephone	Number
	INE	ine of Person	Area Code & Daytime Telephone	Number
Encl	osed is a check	k for the following amount:		
		\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	50.00 Filing Fee, rtificate of Status & rtified Copy ditional 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

6 . .

The name of the Limited Liability Com	pany is:
GATALYST-FLORIDA (Must end with the words "Lin	LLC CATALYTIC REAL PROPERT
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1239 Idlewild Court	88 Cady Ave.
Sarasota, FL 34243	Warwick, RI 02889
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	
Don Jones	
	Name Sp. 49 C
15445 Mulh	nolland Road

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.

Florida street address (P.O. Box NOT acceptable)

FL 34219 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Parrish

(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 Member MGRM David Szerlag 88 Cady Ave. Warwick, RI 02889 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ _. (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

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. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.)

David J. Szerlag

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)