

L12000161011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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100242936891

Effective Date 01/01/13

12/27/12--01005--004 **125.00

FILED

2012 DEC 26 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINAVOK 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:

Kevin KOVANIS
Name of Person

SINAVOK LLC.
Firm/Company

1457 Hillside Landing DR.
Address

TARPON SPRINGS, FL. 34688
City/State and Zip Code

SINAVOK @ Yahoo.com
E-mail address: (to be used for future annual report notification),

For further information concerning this matter, please call:

Kevin Kovanis at 727, 656-2669
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SINAVOK 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:

Kevin KOVANIS
1457 Hillside Landing DR.
TARPON SPRINGS FL 34688

1457 Hillside Landing DR.
TARPON SPRINGS FL 34688

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.)

Effective Date 01/01/13

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

Kevin KOVANIS

Name

1457 Hillside Landing DR.

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

TARPON SPRINGS FL 34688

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..

Kevin Kovanis

Registered Agent's Signature (REQUIRED)

(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

Kevin P. KOVANIS
1457 Hillside Landing DR
TARPON SPRINGS, FL 34688

MGRM

CAROLYN P. KOVANIS
1457 Hillside Landing DR
TARPON SPRINGS, FL 34688

MGRM

CHRISTA M. Kovanis
1457 Hillside Landing DR
TARPON SPRINGS FL 34688

MGRM

William P. Kovanis
1457 Hillside Landing DR
TARPON SPRINGS FL 34688

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-13. (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:

Kevin Kovanis

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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

KEVIN KOVANIS

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)

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