

L13 0000 89574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
13 JUN 10 AM 11:04

JUN 21 2013

T CLINE

2013 JUN 10 AM 9:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2013

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

RESUBMIT

SUBJECT: CATCO, LLC
Ref. Number: W13000033751

We have received your document for CATCO, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P00000104308.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 013A00014548

2013 JUN 10 AM 9:32

RECEIVED
DEPARTMENT OF STATE
13 JUN 20 PM 1:44



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 680157 7349547

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 125.00

ORDER DATE : June 7, 2013

ORDER TIME : 9:24 AM

ORDER NO. : 680157-005

CUSTOMER NO: 7349547

DOMESTIC FILING

NAME: CATCO, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

2013 JUN 10 AM 9:32
JUN 10 2013
JUN 10 2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CATCO INVESTMENTS, 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:

480 South Broadway Avenue

Bartow, Florida 33830

Mailing Address:

480 South Broadway Avenue

Bartow, Florida 33830

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:

Thomas C. Saunders

Name

480 South Broadway Avenue

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

Bartow, FL

FL 33830

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.

BY: 

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas C. Saunders

480 South Broadway Avenue

Bartow, Florida 33830

MGRM

Carol A. Saunders

480 South Broadway Avenue

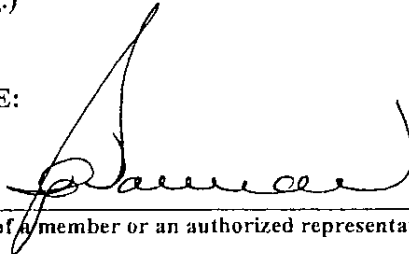
Bartow, Florida 33830

(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.)

Thomas C. Saunders

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)

2010 JUN 10 AM 9:32
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
BARTOW COUNTY