

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

; DAVID C. HASTINGS, CPA, PA Account Name

Account Number : I20000000168

: (727)322-0909

Fax Number

: (727)322-0520

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. CATHERINE YOUNG, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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No. 8394 P. 1



January 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C HASTINGS, CPA, PA

SUBJECT: CATHERINE YOUNG, LLC

REF: W14000000032

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000287373 Letter Number: 014A00000012

RECEIVED

14 JAN -3 AM 9:00

SECHTARY OF STATE
ALLAHASSEE, FLORIBA

I have received the correct forms unda Chp 608 and with this LLC to be filed Effective 12/31/13.

P.O BOX 6327 - Tallahassee, Florida 32314



H130002873733

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	· CATHERINE VO	ung LLC	
	(Must end with the words "Limited Liab	lity Company, "L.L.C.," or "L.L.C.")	~ ₩
ARTICLE II The mailing as		rincipal office of the Limited Liability	Company is:
Principal Off	ce Address:	Mailing Address:	
6279	ON B WD	SAME	-
<u> 51 PM</u>	41 23 115		_
(The Limited Liabi business entity wi	ity Company connot serve as its own Regis han serive Florida registration.) the Florida street address of the registration DAV DC Name	I Office, & Registered Agent's Signal ared Agent. You must designate an individual or a egistered agent are:	BOEC 31 AM 8:
(The Limited Liabi business entity wi	ity Company connot serve as its own Regist han active Florida registration.) the Florida street address of the registration. DAU ID C HAS Name 2207 54 74 Sh	ered Agent. You must designate an individual or a	SEE BY SEE

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)

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H130002873733

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	Catherne Young 6279 Sun Dwg 57 Petershung 71 32715
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Plorida 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.)

Typed or printed lame of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Ontional)

\$ 30.00 Certified Capy (Optional)
\$ 5.00 Certificate of Status (Optional)

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