

Division of Corporations

Page 1 of 2

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000174757 3)))



H140001747573ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

FILED  
14 JUL 23 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: stavrand@me.com

**FLORIDA LIMITED LIABILITY CO.  
Catchlight Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

14 JUL 23 AM 7:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. Burch, July 24, 2014  
Help

((H14000174757 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I — Name:**

The name of the Limited Liability Company is:  
**Catchlight Consulting, LLC**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 15400 Water Oak Ct  
Punta Gorda, FL 33982

**Street Address:** 15400 Water Oak Ct  
Punta Gorda, FL 33982

**ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Erik Stavrand**  
15400 Water Oak Ct  
Punta Gorda, FL 33982

*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 605, F.S.*

  
Erik Stavrand, Registered Agent

**ARTICLE IV — Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company with the initial manager being:

**Erik Stavrand**  
15400 Water Oak Ct  
Punta Gorda, FL 33982

The initial manager shall serve until his resignation or removal in accordance with the terms of Operating Agreement of the Company.

  
Erik Stavrand, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

((H14000174757 3)))

**FILED**  
14 JUL 23 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA