## L140000184819

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to runing Officer.





800266154118

11/19/14--01016--004 \*\*130.00

EFFECTIVE DATE

2011 NOV 19 AM 11: 52

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: L. CATANIA PUBLIShing House 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:
LAWRENCE CAFANIA Name of Person
L. CATANIA PUBLISHING House LLC Firm/Company
240e Sherwood Ln Address
Clear water F1 33764  City/State and Zip Code
City/State and Zip Code  LATTYCAFAINIA, MAIL De mail, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LANSENCE CA FANIA at (727) 687 7376  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate
Mailing Address Registration Section  Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
L. CATANIA Publishing. (Must end with the words "Limited L	House LLC,
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2400 Sherwood LN Clearwater F1 33764	SAME
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	
LAWFENCE (Name  Name  Lyco Sherwood  Florida street address (P.O. Box Market)  Clearwater  City  Having been named as registered agent and to accept serv.	NOT acceptable)
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.
(CONTINUE)	ر <del>م</del>

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBC	Esther GONZALET  LYUN Sherwood LN  Clearwater F1 33764  Clearwater F1 33764	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of fills an effective date is listed, the date must be specific the date of filing.)  ARTICLE VI: Other provisions, if any.	iling: //////// (OPTIONAL) c and cannot be more than five business days prior to or 90 da	ıys afte
REQUIRED SIGNATURE:		
(In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	er or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true; on submitted in a document to the Department of State provided for in s.817.155, F.S.)  202	
\$125.00 Filing Fee for Articles of Organi	Filing Fees:	<del>=</del> -
\$ 30.00 Certified Copy (Optional)	zation and Designation of Registered Agent	

The name and address of each person authorized to manage and control the Limited Liability Company:

· ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)