

L15000044905

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02/18/15--01028--013 **125.00

Effective Date 3/1/15

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15 FEB 18 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2015

T. HAMPTON

70661-5100

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Catalyst 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:

William Hinton
Name of Person

Catalyst LLC
Firm/Company

27499 Riverview Center Blvd, Suite 205
Address

Bonita Springs, FL 34134
City/State and Zip Code

bill@hinton.cc
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Hinton at (239) 444-1790
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



February 2, 2015

Florida Department of State

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Please accept these articles of organization.

I have included a \$125.00 check for the filing fee.

Name: William Hinton

Address: 27499 Riverview Center Blvd.

Suite 205

Bonita Springs, FL 34134

Telephone: 239-444-1790

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'W. Hinton', written over a horizontal line.

William Hinton



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2015

WILLIAM HINTON
27499 RIVERVIEW CENTER BLVD
STE 205
BONITA SPRINGS, FL 34134

SUBJECT: CATALYST LLC
Ref. Number: W15000013704

RECEIVED
15 MAR -9 AM 10:00
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

We have received your document for CATALYST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00003925

Effective Date 3/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Catalyst LLC~~

Xcatalyst Limited Liability Company
(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:

27499 Riverview Center Blvd.
Suite 205
Bonita Springs, FL 34134

Mailing Address:

27499 Riverview Center Blvd
Suite 205
Bonita Springs, FL 34134

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.)

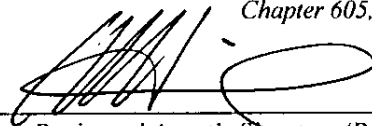
The name and the Florida street address of the registered agent are:

William Hinton
Name

27499 Riverview Center Blvd
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34134
City 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 FEB 18 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

William Hinton

27499 Riverview Center Blvd

Bonita Springs, FL 34134

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: March 1, 2015 (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.)

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

William Hinton

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA