L16000064791

(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:

Office Use Only

200283918922

03/29/16--01016--028 **160.00

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16 MAR 29 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-04-16

Diana Milesko
(AKA Milesko-Pytel)
4250 A1A South O24
Saint Augustine FL 32080
Tel. 941-744-7039
Email. cub4250@gmail.com

March 24, 2016

RE: Cub4250 LLC Articles of Organization and Filing Fee

New Filing Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

Dear Madam or Sir,

Attached please find the New Filing, the Articles of Organization and check #130 from Northwest Savings Bank in the amount of $160. This check is for the payment of the Filing Fee for the Limited Liability Company, **Cub4250 LLC**.

The filing fee for this LLC of $160 is for the following:

$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy
$ 5.00 Certificate of Status

Thank you for processing this new filing for Cub4250 LLC. I look forward to hearing from you and receiving the paperwork showing this has been done.

Best Regards,

Diana Milesko
(aka Milesko-Pytel)
cub4250 LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUB4250 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:

DIANA MILESKO-PYTEL
Name of Person

CUB4250 LLC
Firm/Company

4250 A1A SOUTH O24
Address

SAINT AUGUSTINE FL 32080
City/State and Zip Code

cub4250@gmail.com
E-mail address: (to be used for future annual report notification)

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16 MAR 29 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIANA MILESK0 at (941) 744-7039
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
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:

CUB4250 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:	**Mailing Address:**
4250 A1A SOUTH O24	4250 A1A SOUTH O24
SAINT AUGUSTINE	SAINT AUGUSTINE
FL 32080	FL 32080

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:

DIANA MILESKO-PYTEL
Name

4250 A1A SOUTH O24
Florida street address (P.O. Box **NOT** acceptable)

SAINT AUGUSTINE	FL	32080
City	State	Zip

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TALLAHASSEE, FLORIDA

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)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager AMBR	DIANA MILESKO-PYTEL 4250 A1A SOUTH O24 SAINT AUGUSTINE FL 32080
AMBR	FRANK PYTEL 4250 A1A SOUTH O24 SAINT AUGUSTINE FL 32080

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TALLAHASSEE, FLORIDA
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 24, 2016 . (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DIANA MILESKO-PYTEL
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)