

L16000082008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

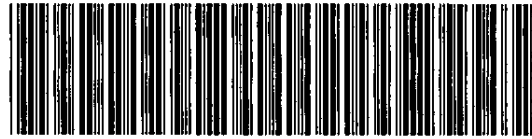
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/13/16--01014--029 **125.00

FILED
16 APR 28 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan APR 28 2016

2119 W Cass Street, LLC
2119 West Cass Street
Tampa, FL 33607

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

RE: New LLC

Dear Friends,

Attached are our Articles of Organization and filing fee for the new Florida Limited Liability Corporation,

2119 W Cass Street, LLC

Thanks!

James Catalano
2119 West Cass Street
Tampa, FL 33607

(813) 220-8601

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2119 W Cass Street, 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:

James Catalano

Name of Person

Firm/Company

3701 W Palmira Ave.

Address

Tampa, FL 33629

City/State and Zip Code

james@ceitampa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Catalano 813 220-8601
at ()
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2016

JAMES CATALANO
2119 WEST CASS STREET
TAMPA, FL 33607

SUBJECT: 2119 W CASS STREET, LLC
Ref. Number: W16000028794

We have received your document for 2119 W CASS STREET, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00008032

*Div of Gr
Clifton Bldg
2661 Executive Ctr Cir
Tall Ft. 32301*

RECEIVED
16 APR 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2119 W Cass Street, 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:

2119 W Cass Street
Tampa, FL 33607

Mailing Address:

2119 W Cass Street
Tampa, FL 33607

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:

James Catalano

Name

3701 W. Palmira Ave.

Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33629

City

State

Zip

16 APR 28 AM 11:16
SECRETARY OF STATE
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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

James Catalano

3701 W. Palmira Ave.

Tampa, FL 33629

MGR

Gaylon Catalano

3701 W. Palmira Ave.

Tampa, FL 33629

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 15, 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.

James Catalano

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)