

L16000190657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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W/16-60409

2015 AUG 26 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 AUG 26 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 31, 2016

RICHARD LOPEZ OR ANNA DAWSON-LOPEZ  
4303 ORANGE RIDGE CT  
VALRICO, FL 33596

SUBJECT: MAKALO LLC  
Ref. Number: W16000060409

We have received your document for MAKALO LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 916A00018607

RECEIVED  
16 OCT 14 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAKALO 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:

Richard Lopez or Anna Dawson-Lopez

\_\_\_\_\_  
Name of Person

MAKALO LLC

\_\_\_\_\_  
Firm/Company

4303 Orange Ridge Ct

\_\_\_\_\_  
Address

Valrico, FL 33596

\_\_\_\_\_  
City/State and Zip Code

rlopez8077@gmail.com

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

For further information concerning this matter, please call:

Anna Dawson-Lopez	813	760-4873
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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:

MAKALO 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:**

4303 Orange Ridge Ct  
Valrico, FL 33596

**Mailing Address:**

4303 Orange Ridge Ct  
Valrico, FL 33596

**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:

Anna Dawson-Lopez

Name

4303 Orange Ridge Ct

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

Valrico

FL

33596

City

State

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)

**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:**

Arlen Leiner

6530 Fairway Gardens Drive

Bradenton, Florida, 34203

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Arlen Leiner

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