

L17000154666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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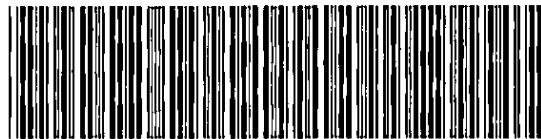
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF NEW YORK  
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07/19/17

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DAN KALICKI Realty 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:

DAN KALICKI  
Name of Person

DAN KALICKI Realty LLC  
Firm/Company

P.O. Box 15528  
Address

Tallahassee Florida 32317-5528  
City/State and Zip Code

DCKALICKICO@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN KALICKI at ( 950 ) 508-3503  
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:

DAN Kalicki Realty LLC.

(Must contain 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:

1513 Sunset Lane  
Tallahassee, Florida  
32303

Mailing Address:

P.O. Box DAN Kalicki Realty LLC.  
P.O. Box 15528  
Tallahassee, Florida  
32317-5528

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:

DAN Kalicki  
Name

1513 Sunset Lane  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee Florida 32303  
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..

Daniel B Kalicki  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
AND ORGANIZATIONAL  
SERVICES

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

MGR

DAN Kalicki

P.O. Box 15528

Tallahassee, Florida 32317-5528

SHARON Kalicki

P.O. Box 15528

Tallahassee, FL 32317-5528

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 19<sup>th</sup> 2017 (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:**

Daniel G Kalicki

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.

DANIEL G KALICKI

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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FILED  
JUL 19 2017  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE