

# L11000190517

(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:

W17-70850

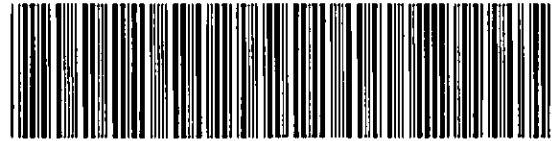
David Kahane GAVE

name

9/13/17

Office Use Only

DOC. EXAM.



500302870365

08/28/17--01030--001 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 SEP 13 AM 10:26



**DAVID KAHAN, P.A.**  
ATTORNEYS AT LAW

---

August 25, 2017

**Via Fed Ex, 770116365459**

Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attn.: Division of Corporations  
(850) 245-6052

Re: La Marietta, LLC ("La Marietta") – Registration of Corporation

Dear Sir/Madam:

Enclosed please find the application for registration, along with check no. 1656 in the amount of \$125.00 representing the processing fee.

In the event you have any questions, please do not hesitate to contact me.

Very truly yours,

DAVID KAHAN, P.A.



David Kahan/wab

Enclosures

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: La Marietta, 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:

John Crawford  
Name of Person

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

265 Frances Dr.  
Address

Los Altos/CA/94022  
City/State and Zip Code

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

For further information concerning this matter, please call:

David Kligler at ( 561 ) 672-9331  
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

August 29, 2017

DAVID KAHAN, P.A.  
6420 CONGRESS AVE., STE. 1800  
BOCA RATON, FL 33487

SUBJECT: LA MARITTA, LLC  
Ref. Number: W17000070850

We have received your document for LA MARITTA, 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](http://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."

The document number of the name conflict is 704101.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II

Letter Number: 317A00017787

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Marietta 2, 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:  
265 Frances Dr.  
LOS ALTOS, CA 94022

Mailing Address:  
265 Frances Dr.  
Los Altos, CA 94022

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:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32301  
City State Zip

17 SEP 13 AM 10:26  
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..

Harry B. Davis  
Harry B. Davis  
Asst. Vice President

(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:**

John Crawford

265 Frances Dr.

Los Altos, CA 94022

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

David Kligler

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.

David Kligler

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)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 SEP 13 AM 10:26

17 SEP 13 AM 10:26