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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

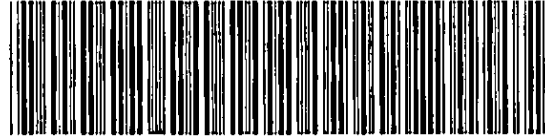
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N CULLIGAN

DEC 8 2017

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Katrib, 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:

Beryl N Stokes, III, CPA  
Name of Person

Sandy Stokes, PLLC  
Firm/Company

1035 W. Dixie Avenue  
Address

Leesburg, FL 34748  
City/State and Zip Code

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

For further information concerning this matter, please call:

Beryl Stokes 352 678-6078  
Name of Person at ( ) 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:

**Katrib, LLC**

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TALLAHASSEE FLORIDA

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2209 Savannah Hwy  
Charleston, SC 29414

Mailing Address:

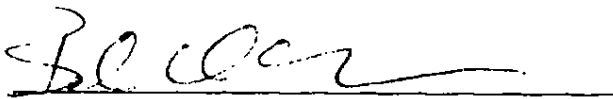
2209 Savannah Hwy  
Charleston, SC 29414

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:

Beryl N Stokes  
1035 W Dixie Ave  
Leesburg, FL 34748

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

(CONTINUED)

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

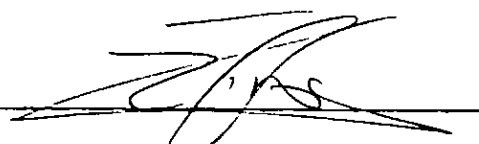
Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager

Managing Member                      Ziad Katrib  
   2209 Savanah Hwy  
   Charleston, SC 29414

ARTICLE V: Effective date, if other than the date of filing: Immediate

ARTICLE VI: Other provisions, if any.    None

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Ziad Katrib

Name of Signee

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SECTION OF STATE  
TALLAHASSEE FLORIDA

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.