

2/6/20 Feb. 9. 2018 12:34PM

# L18000035853

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : O'HAIRE, QUINN, CASALINO, CHARTERED  
Account Number : 073077002560  
Phone : (772)231-6900  
Fax Number : (772)231-9729

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kcasalino@sorensenrealestate.com

**FLORIDA LIMITED LIABILITY CO.**

**Kristin Lee Casalino, PLLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

**N CULLIGAN**

**FEB 12 2018**



February 8, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

O'HAIRE, QUINN, CASALINO CHARTERED

SUBJECT: KRISTIN LEE CASALINO, PLLC, A PROFESSIONAL LIMITED LIABILITY COMPANY

REF: W18000012254

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

If you have any further questions concerning your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000044242  
Letter Number: 518A00002560

**COVER LETTER**

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

**SUBJECT:** Kristin Lee Casalino, PLLC  
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:

Kristin Lee Casalino

Name of Person

Firm/Company

905 Pirate Cove Lane

Address

Vero Beach, FL 32963

City/State and Zip Code

kcasalino@sorensenrealstate.com

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

For further information concerning this matter, please call:

Gregg M. Casalino

772

231-6900

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Kristin Lee Casalino, PLLC

(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:905 Pirate Cove LaneVero Beach, FL 32963Mailing Address:905 Pirate Cove LaneVero Beach, FL 32963

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Gregg M. Casalino, Esq.

Name

3111 Cardinal DriveFlorida street address (P.O. Box NOT acceptable)Vero Beach

City

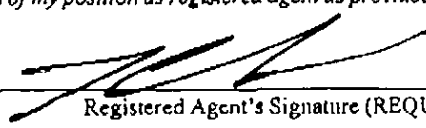
FL

State

32963

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)

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

18 FEB -9 AM 10:04

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

Kristin Lee Casalino

905 Pirate Cove Lane

Vero Beach, FL 32963

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

This Professional Limited Liability Company is organized for real estate services pursuant to Chapters 475, 605, 621, Florida Statutes, and Chapter 61J2, Florida Administrative Code, as amended from time to time.

**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.

Kristin Lee Casalino

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)

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399-0001

18 FEB -9 AM 10:04

FILED