

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

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

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.

Cleo Guston Enterprises, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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March 14, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: CLEO GUSTON ENTERPRISES, LLC
REF: W18000024664

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMER), Authorized Person (AP), or Authorized Representative (AR).

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

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: E18000081884
Letter Number: 818A00005107

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Cleo Guston Enterprises, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

622 Edgewater Drive, Unit 821
Dunedin, FL. 34698

Mailing Address:

622 Edgewater Drive, Unit 821
Dunedin, FL. 34698


ARTICLE III – Registered Agent, Registered Office & Registered Agents 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:

Edward L. Sapiega
622 Edgewater Drive, Unit 821
Dunedin, FL. 34698

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..


Edward L. Sapiega, Registered Agent

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Edward L. Sapiega
622 Edgewater Drive, Unit 821
Dunedin, FL. 34698

"AMBR"

Janis E. Sapiega
622 Edgewater Drive, Unit 821
Dunedin, FL. 34698

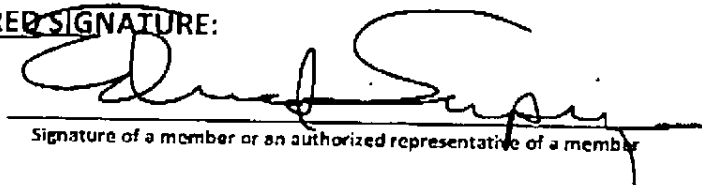
(Use attachment if necessary)

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 filing date.)

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.

Edward L. Sapiega

Typed or printed name of signee