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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: New Filing Section
Division of Corporations

CALEDONIAN UPHOLSTERY, LLC.
SUBJECT: _____ 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:

KEVIN E. MCATASNEY

Name of Person

Firm/Company

1805 8TH AVENUE WEST UNIT NUMBER 8

Address

PALMETTO, FLORIDA 34221

City/State and Zip Code

Kevvbhov 67@yahoo.com

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

For further information concerning this matter, please call:

KEVIN F. MCATASNEY 727 560-4272
at ()

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

March 2, 2018

Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Caledonian Upholstery, LLC.
FEIN: 13-4302237
1805 8th Avenue West
Unit Number 8
Palmetto, Florida 34221
Email: Kevybhoy67@yahoo.com

Dear Sir/Ms:

I, Kevin F. Mcatasney former owner of Caledonian Upholstery, LLC., Registration Number: L05000069291 acknowledge that I will not revoke the Dissolution filed by the State of Florida on this Limited Liability Company.

I have made application and will be filing for a New Limited Liability Company and request the use of the name Caledonian Upholstery, LLC. to be used as my new Limited Liability Company name.

Respectfully,



Kevin F. Mcatasney
MGR

Cc: File Copy
Encl: Articles/LLC.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CALEDONIAN UPHOLSTERY, 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:

1805 8TH AVENUE WEST
UNIT NUMBER 8
PALMETTO, FLORIDA 34221

Mailing Address:

1805 8TH AVENUE WEST
UNIT NUMBER 8
PALMETTO, FLORIDA 34221

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:

KEVIN F. MCATASNEY

Name

1805 8TH AVENUE WEST UNIT NUMBER 8

Florida street address (P.O. Box NOT acceptable)

PALMETTO

FLORIDA

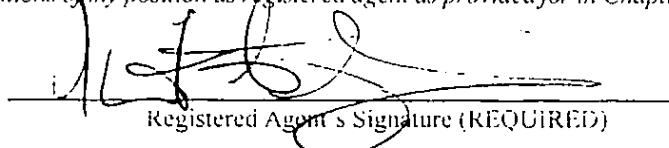
34221

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..



Registered Agent's Signature (REQUIRED)

(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:

KEVIN F. MCATASNEY

1805 8TH AVENUE WEST UNIT NUMBER 8

PALMETTO, FLORIDA 34221

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 1, 2018 (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.

ANY AND ALL LAWFUL BUSINESS

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.

KEVIN F. MCATASNEY

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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