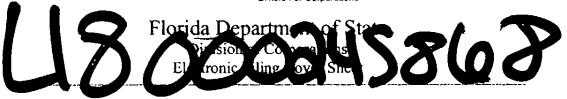
10/22/2018

Division of Corporations

→ 18506176381



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address:____Kristolmp@gmail.com

FLORIDA LIMITED LIABILITY CO. Tampa Bay Mobile Massage by Kristo LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help



COVER LETTER

October 19, 2018

To: New Filing Section
Division of Corporation

⊙ 10/22/2018 1:19 PM

Subject: <u>Tampa Bay Mobile Massage by Kristo, LLC</u>

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:

Kalpesh J. Patel, Esq. FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC



Articles Of Organization

For

Tampa Bay Mobile Massage by Kristo, LLC

A

Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Tampa Bay Mobile Massage by Kristo, LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 7819 40th Terrace North, Saint Petersburg, Florida 33709.

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Kristo Kucaric 7819 40th Terrace North Saint Petersburg, Florida 33709

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..

(sign

(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		
AMBR	Kristo Kucaric 7819 40th Terrace North Saint Petersburg, Florida 33709	

ARTICLE IV:

	The Effective date shall be the da	te of filing.
	Lt	(sign)
This doc	ignature of a member or an authorized repres- ument is executed in accordance with section 605 re that any false information submitted in a docum constitutes a third degree felony as provided for	.0203 (1) (b), Florida Statutes. nent to the Department of State
	Kristo Kucaric	
	Authorized Representative/N	Member