

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : 120010000122
Phone : (239) 659-3800
Fax Number : (239) 649-3410

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CatapultMD, LLC

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

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DEC 13 2019

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CatapultMD, 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:

Pamela C. Lundborg, Esq.

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

4001 Tamiami Trail N., Suite 105

Address

Naples, FL 34103

City/State and Zip Code

ozaizer@catapultmd.com

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

For further information concerning this matter, please call:

Pamela C. Lundborg, Esq.

239

659-3800

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coda put
Coda put MD, 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:

12621 Trade Way Drive
Bonita Springs, FL 34135

Mailing Address:

12621 Trade Way Drive
Bonita Springs, FL 34135

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:

Oliver Zaiser

Name

12621 Trade Way Drive

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

<u>Bonita Springs</u>	<u>FL</u>	<u>34135</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Oliver Zaiser
12621 Trade Way Drive
Bonita Springs, FL 34135

MGR

LeNoir Zaiser
12621 Trade Way Drive
Bonita Springs, FL 34135

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

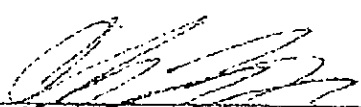
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0205 (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.

Oliver Zaiser

Typed or printed name of signer

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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Fax Audit No. H19000356618 3

**ARTICLES OF INCORPORATION
OF
LKA PROPERTY CORP.**

**ARTICLE I
NAME**

The name of the corporation is **LKA PROPERTY CORP.** (hereinafter referred to as the "Corporation").

**ARTICLE II
PRINCIPAL OFFICE**

The principal office and mailing address of the Corporation is 2 Alhambra Plaza, Suite 802, Coral Gables, Florida 33134.

**ARTICLE III
PURPOSE**

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the laws of the State of Florida and the Corporation shall have all of the powers conferred upon corporations organized under the laws of the State of Florida to carry out such purpose.

**ARTICLE IV
REGISTERED AGENT**

The name and address of the Corporation's registered agent in the State of Florida is B & C Corporate Services, Inc., 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.

**ARTICLE V
INCORPORATOR**

The name and address of the Incorporator of the Corporation is Mauricio Rivero, 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.

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TALLAHASSEE, FLORIDA