

**L21000193725**

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.**

((H21000178386 3)))



H210001783863ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : KANE AND KOLTUN, ATTORNEYS AT LAW  
Account Number : I20080000039  
Phone : (407) 661-1177  
Fax Number : (407) 660-6031

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

Email Address: carina@kaneandkoltun.com

**FLORIDA LIMITED LIABILITY CO.  
FATE Family Holdings, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

2021 MAY -4 PM 2:45

21 MAY -4 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

53  
5/5/21

H21000178386 3

**ARTICLES OF ORGANIZATION  
OF  
FATE FAMILY HOLDINGS, LLC**

The undersigned authorized representative, acting pursuant to Chapter 605, *Florida Statutes*, hereby forms a limited liability company in accordance with the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

**ARTICLE I - NAME OF THE LIMITED LIABILITY COMPANY**

The name of the Limited Liability Company is: FATE Family Holdings, LLC

**ARTICLE II - PERIOD OF DURATION; EFFECTIVE DATE**

The Limited Liability Company shall exist perpetually, commencing at the date and time of filing of these Articles of Organization, as evidenced by the Florida Department of State's date and time endorsement.

**ARTICLE III - MAILING ADDRESS AND STREET ADDRESS OF  
THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY**

The mailing address of the Limited Liability Company is Post Office Box 938, Gotha, Florida 34734, and the street address of the principal office of the Limited Liability Company is 1099 Hemple Road, Gotha, Florida 34734.

**ARTICLE IV - NAME AND STREET ADDRESS OF  
INITIAL REGISTERED AGENT**

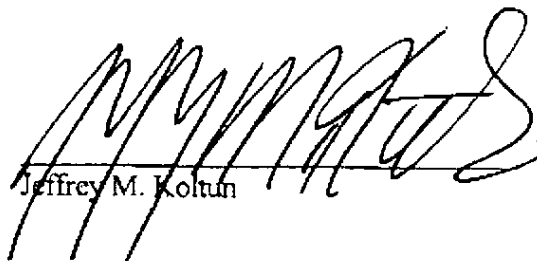
The name of the initial registered agent of the Limited Liability Company is Jeffrey M. Koltun. The street address of the initial registered agent is 150 Spartan Drive, Suite 100, Maitland, Florida 32751.

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

FILED  
21 MAY - 11 PM 3:30  
TALAHUE  
SECRETARY OF STATE

**H21000178386 3**

my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, *Florida Statutes*.

  
Jeffrey M. Koltun**ARTICLE V - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the initial managers of the Limited Liability Company are as follows:

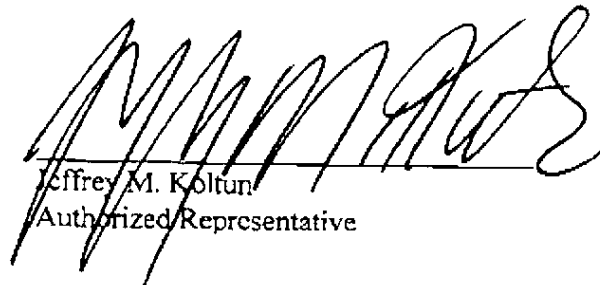
<u>Name and Address</u>	<u>Title</u>
Brian G. McNally 1099 Hemple Road Gotha, Florida 34734	Manager
Dawn R. McNally 1099 Hemple Road Gotha, Florida 34734	Manager

**FILED**  
21 MAY - 4 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under Chapter 605 of the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization on May 3, 2021.

  
Jeffrey M. Koltun  
Authorized Representative