

L216 00347979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

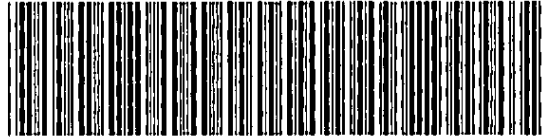
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/03/21--01010--022 **125.00

FILED
21 JUN 21 PM 12:43
SACRAMENTO, CALIFORNIA
FALLMANSSE, FLORIDA

D O'KEEFE
AUG 02 2021

W21-87099



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2021

PEGGY VILLANI
KOTA DISTRIBUTORS, LLC
3903 STAR ISLAND DRIVE
HOLIDAY, FL 34691

SUBJECT: KOTA DISTRIBUTORS, LLC
Ref. Number: W21000087099

2021 JUN 24 PM 12:43
MAIL ROOM
TALLAHASSEE, FLORIDA

We have received your document for KOTA DISTRIBUTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the entity name is misspelled in Article I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 821A00013326

2021 JUN 24 PM 2:14

**Peggy Villani
3903 Star Island Drive
Holiday, FL 34691
727-942-4753**

June 22, 2021

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Kota Distributors, LLC

Dear Mr. O'Keefe,

In accordance with your request, please find enclosed my updated Articles of Organization for Florida Limited Liability Company for Kota Distributors, LLC.

If you have any further questions or need additional information, please do not hesitate to contact me.

Sincerely,

Peggy Villani

Enclosure: Articles of Organization for Florida Limited Liability Company

FILED
21 JUN 24 PM 12:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Peggy Villani
3903 Star Island Drive
Holiday, FL 34691
727-942-4753

May 27, 2021

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

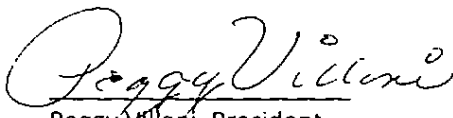
RE: Kota Distributors, Inc.
Document Number: 698879
FEIN: 59-2091885

Dear Representative,

This letter is to request the release of the name Kota Distributors and confirm that I will not revoke the dissolution. On April 21, 2021, I voluntarily dissolved Kota Distributors, Inc with the intention to open Kota Distributors, LLC.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,



Peggy Villani, President
Kota Distributors, Inc.

Enclosures:

Ck #12282 \$125
Articles of Organization for Kota Distributors, LLC

FILED
21 JUN 24 PM 12:43
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Kota Distributors, 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:

Peggy Villani
Name of Person
Kota Distributors LLC
Firm/Company
3903 Star Island Drive
Address
Holiday, FL 34691
City/State and Zip Code
pavill@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Villani 727 942-4753
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kota Distributors 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:

3903 Star Island Drive
Holiday, FL 34691

Mailing Address:

3903 Star Island Drive
Holiday, FL 34691

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:

Peggy Villani

Name

3903 Star Island Drive

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

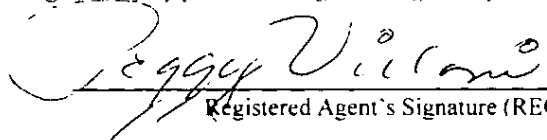
Holiday, FL 34691

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)

FILED
21 JUN 24 PM 12:43
TALLAHASSEE, FLORIDA

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

Peggy Villani
3903 Star Island Drive
Holiday, FL 34691

(Use attachment if necessary)

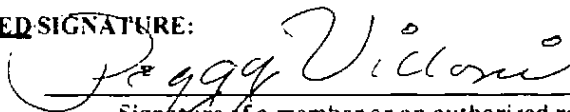
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 605.0203 (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.

Peggy Villani

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)

FILED
21 JUN 24, PM 12:43
SEATTLE, WA
CLERK OF SUPERIOR COURT
ALABAMA, FLORIDA