

L21000 441531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

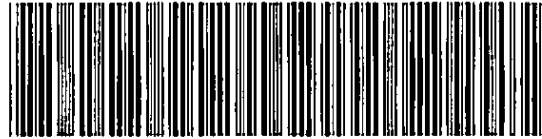
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/07/21--01017--032 \*\*160.00

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CLERK OF COURT  
STATE OF NEW YORK

✓

**COVER LETTER**

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

**SUBJECT:** Kwikport 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:

Robert J. Lucia  
\_\_\_\_\_  
Name of Person

Kwikport LLC  
\_\_\_\_\_  
Firm/Company

5682 David Boulevard  
\_\_\_\_\_  
Address

Port Charlotte, Florida, 33981  
\_\_\_\_\_  
City/State and Zip Code

elevationsp@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Lucia                      941                      268-8942  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

<input 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 checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kwikport 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:

5682 David Boulevard  
Port Charlotte, Florida  
33981

Mailing Address:

5682 David Boulevard  
Port Charlotte, Florida  
33981

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:

Robert J. Lucia

Name

5682 David Boulevard

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

Port Charlotte

Florida

33981

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..*

Robert J. Lucia

ID: 00168024VR(C)KSTW561.VI

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 OCT -7 PM 12:38  
CLERK OF COURT  
HILLSBORO COUNTY, 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

AMBR

**Name and Address:**

Ronald A. Mazany

5 Seward Trail West

Palm Coast, FL. 32164

AMBR

Robert J. Lucia

5682 David Boulevard

Port Charlotte, FL. 33981

(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:**

Ronald A. Mazany

ID: F011EN, Supp. 2 QAG, WUUBNVI

**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.

Ronald A. Mazany

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2021

ROBERT J. LUCIA  
5682 DAVID BLVD  
PORT CHARLOTTE, FL 33981 US

The Articles of Organization for KWIKPORT LLC were filed on October 7, 2021, and assigned document number L21000441531. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Carlos E Rico  
Regulatory Specialist III  
New Filing Section  
Division of Corporations

Letter Number: 921A00024645

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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33981

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State

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Robert J. Lucia

Not a valid signature

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10/7/21

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"MGR" = Manager

AMBR

**Name and Address:**

Ronald A. Mazany

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Palm Coast, FL, 32164

AMBR

Robert J. Lucia

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(Use attachment if necessary)

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**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Ronald A. Mazany

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

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Ronald A. Mazany

Typed or printed name of signee

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CLERK OF THE COURT  
JANICE L. HARRIS  
CLERK

# State of Florida



## Department of State

I certify from the records of this office that KWIKPORT LLC is a limited liability company organized under the laws of the State of Florida, filed on October 7, 2021.

The document number of this company is L21000441531.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.



Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Eleventh day of October, 2021

*Laurel M. Lee*

Laurel M. Lee

Secretary of State