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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

# FLORIDA LIMITED LIABILITY CO.

## Callitas Trading LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$</b> 125.00

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Corporate Filing Menu

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3 17 1	14 1	 I - 1	Name:

The name of the Limited Liability Company is:

Callitas Trading 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:	Mailing Address:
4851 Tamiami Trail North Park Shore	4851 Tamiami Trail North Park Shore
STE 200	STE 200
Naples, FL 34103	Naples, FL 34103

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.

Name

5011 South State Road 7, Suite 106

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

Davic FL 33314

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..

Miriam Nachison
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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### ARTICLE IV-

Page: 3 of 3

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		
ŭ	Jackus Maurice	
AMBR	Joshua Maurice 4851 Tamiami Trail North Park Shore, STE 200	
	Naples, FL 34103	
AMBR	Brian Keane	
ANDR	4851 Tamiami Trail North Park Shore, STE 200	
	Naples, FL 34103	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)	
	specific and cannot be more than five business days prior to or 90 day	s after
the date of filing.)	ot meet the applicable statutory filing requirements, this date will not be I	listed o
the document's effective date on the Departme		nstea as
·		
ARTICLE VI: Other provisions, if any.		
		_
		_
REQUIRED SIGNATURE:		
Signature of a	member or an authorized representative of a member.	

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 \$.817.155, F.S.

### 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)