

12/28/21, 4:34 PM

Division of Corporations

**L 21000534065**  
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.

((H21000470353 3)))



H210004703533ABCZ

**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 : GREENBERG TRAURIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407)418-2435  
Fax Number : (407)420-5909

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

Email Address: jhaleski@gmail.com

21 DEC 28 PM 12:43  
A. J. HARRIS, III, Esq.  
Assistant Secretary

RECEIVED  
2021 DEC 28 PM 5:47

**FLORIDA LIMITED LIABILITY CO.  
KittyKate LLC**

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



Electronic Filing Menu

Corporate Filing Menu

Help

**T. SCOTT**

**DEC 29 2021**

((H21000470353 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KittyKate 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:

4095 SE Old St. Lucie Blvd.  
Stuart, FL 34996

SAME

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:

Joseph W. Haleski  
Name

4095 SE Old St. Lucie Blvd.  
Florida street address (P.O. Box **NOT** acceptable)

Stuart                      FL                      34996  
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.*

*/s/ Joseph W. Haleski*

Registered Agent's Signature (REQUIRED)

((H21000470353 3))

(CONTINUED)

21 DEC 28 PM 12:43  
STATE OF FLORIDA  
HALL COUNTY

((H21000470353 3))

**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  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Joseph W. Haleski  
4095 SE Old St. Lucie Blvd.  
Stuart, FL 34996  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:**

/s/ Joseph W. Haleski  
\_\_\_\_\_  
**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.

Joseph W. Haleski, Manager  
\_\_\_\_\_  
Typed or printed name of signee

((H21000470353 3))

**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)