12/28/21, 4:34 PM

## Florida Department of Late Comportions Florida Department of Late Comportion Certain Ling 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.

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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

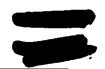
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## FLORIDA LIMITED LIABILITY CO.

## 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 2 9 2021

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From: Heather Irving

(((11210004703533)))

ARTICLESO	FORGANIZATION FOR	FLORIDA LIN	ITTED LIABILITY COMPAN	N n wind
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			<b>∳</b> a,
KittyKate LLC			· · · · · · · · · · · · · · · · · · ·	
(Must con	tain the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the L	imited Liability Company is	:
<u>Princi</u> j	pal Office Address:		Mailing A	ddress:
	cie Blvd.		SAME	
Stuart, FL 34996				
(The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registration address of the registered Joseph W. Haleski  4095 SE Old St. Luc Florida street addres	Name	NOT acceptable)	_
	Stuart City	FL State	34996 Zip	_
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the of the full (((H210004703533)))	e, I hereby accept the app provisions of all statutes re bligations of my position /s/ Joseph W.	ointment as re elating to the as registered Haleski	gistered agent and agree to proper and complete perform agent as provided for in Cha Signature (REQUIRED)	act in this capacity. I nance of my duties, and I
				21 DEI



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A.	<b>T</b>	IV.	L.F.	1 ¥ -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		ne and Address:
	uthorized Member	
"MGR" = Mai	~	
<u>MGR</u>	<u>Joseph W</u> 4095 SE (	. Haleski Old St. Lucie Blvd.
	Stuart, F1	34996
		<del></del>
<del></del>		
(Use attachme	nt if necessary)	
A DOMESTIC AND A STORY OF	1 10 1 1 1 1 1 0 0 0	(ADDIONAL)
ARTICLE V: Effective	edate, if other than the date of filing:	
the date of filing.)	isted, the date must be specific and can	int be more than five business bays prior to or 50 days after
	ed in this block does not meet the applic	able statutory filing requirements, this date will not be listed as
	e date on the Department of State's reco	
ADTICLE U. O.		
ARTICLE VI: Other pr		
REOUIRED	SIGNATURE:	
	/s/Joseph W. Haleski	
		uthorized representative of a member.
	This document is executed in accorda	nee with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any false information s constitutes a third degree felony as pro	ubmitted in a document to the Department of State vided for in s.817.155, F.S.
	Joseph W. Haleski, Manager	
	<u>Joseph W. Haleski, Manager</u> Typed or pr	inted name of signee
(((112100047035331))		

(((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)