

L22000032940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

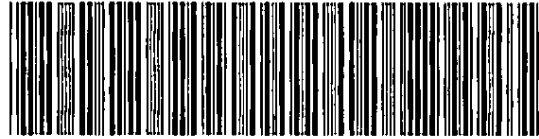
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300379599363

W22-5874

2022 JAN 27 AM 11:54
FILED

A. RAMSEY
JAN 31 2022

*00789, 00524, 00671

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Calof Production Sermes, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing. ✓ (included)

Please return all correspondence concerning this matter to the following:

Rochelle L. Calof
Name of Person
Calof Production Sermes, LLC
Firm/Company
5818 Glencove Dr. #106
Address
Naples, FL 34108
City/State and Zip Code
lynnec56@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle L. Calof at 239 564-1657 (New call)
Name of Person Area Code Daytime Telephone Number
voicemail not set up yet.

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations
2022 JAN 27 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

January 19, 2022

ROCHELLE L. CALOF
CALOF PRODUCTION SERVICES LLC
5818 GLENCOVE DR. #106
NAPLES, FL 34108 US

SUBJECT: CALOF PRODUCTION SERVICES LLC
Ref. Number: W22000005874

We have received your document for CALOF PRODUCTION SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ Please sign the document as the member or authorized manager in the space provided at the bottom of page 2. You may want to list yourself as the manager in
- ✓ the space provided in Article IV. The bank may require that you list yourself as a manager before they will open an account. *OK.*

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 722A00001391

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Catof Production Service, LLC

2022 JAN 27 AM 11:54

(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:

5818 Glen Cove Dr 106
Naples, FL 34108

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:

Rochelle Carol F

Name

5818 Glen Cove Dr. #106

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

Naples FL 34108

City

State

Zip

(myself)

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..

Rochelle X Carol F

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

(MGR)

Name and Address:

Rochelle L. Calof
5818 Glenview Dr #106
Naples, FL 34108

(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:

Rochelle L. Calof

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.

Rochelle L. Calof

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)