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(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only CHATHAM S. CHATHAM



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22 FEB 10 AM 8: 49

COVER LETTER

FILED

□\$160.00 Filing Fee.

Certificate of Status &

(additional copy is enclosed)

Certified Copy

TO: **New Filing Section Division of Corporations** 22 FEB 10 AM 8: 49 -SEGRETARY OF STATE FALENHASSEE, PLORIDA The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number

Mailing Address

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

New Filing Section
Division of Corporations

\$130.00 Filing Fee &

Certificate of Status

Street Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

kastingwithin, LL	22 FEB 10 AM 8: 49
(Must contain the words "Limited Liability (Company, "L.L.C.," OF STATE TALEARA SEE, PLORID;
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
St. Retersburg, Fla 32716	570 Village lake Tra N. #204 St. Retersburg, Fl 33716
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	: :
Frederick L. L.	orads
Enoida street address (P.O. Bo	Ter No. #204 ox NOT acceptable)
St. Peter, burg Fla	33716

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	22 FEB 10 AM 8: 49
"MGR" = Manager <u>M (≳) (</u> Z	EDD Villace lake	SECRETARY OF STATE CALLBARASSEE, PLORIDA TOUR AS THE TOUR
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be spended of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of	cific and cannot be more than five eet the applicable statutory filing re	e business days prior to or 90 days after
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	26/	
This document is execute I am aware that any false	mber or an authorized representated in accordance with section 605.0 information submitted in a docume felony as provided for in s.817.155	9203 (1) (b). Florida Statutes. ent to the Department of State
Frederick	L, Loods Typed or printed name of signee	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certificate of Section 10

\$ 5.00 Certificate of Status (Optional)