

L22000316716

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : 120200000106
Phone : (561)927-7157
Fax Number : (305)912-0167

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. Akula Property Management

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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July 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LVM ACCOUNTING SERVICES, INC.

SUBJECT: AKULA PROPERTY MANAGEMENT LLC
REF: W22000088967

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000227975
Letter Number: 322A00015085

2022 JUL 18 2:16 PM

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AKULA PROPERTY MANAGEMENT LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LANA KALLEN

Name of Person

Firm/Company

9718 BOCA GARDENS CIR N, UNIT D

Address

BOCA RATON, FL 33496

City/State and Zip Code

LANA.KALLEN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LANA KALLEN

732

221-8010

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AKULA PROPERTY MANAGEMENT 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:

9718 BOCA GARDENS, CIR N, UNIT D
BOCA RATON, FL 33496

Mailing Address:

9718 BOCA GARDENS CIR N, UNIT D
BOCA RATON, FL 33496

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:

Lana Kallen

Name

9718 BOCA GARDENS, CIR N, UNIT D

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

BOCA RATON

FL

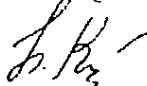
33496

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, 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

LANA KALLEN

9718 BOCA GAERDENS, CIR N, UNIT D

BOCA RATON FL 33496

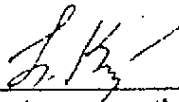
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/17/2022 (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:


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.

LANA KALLEN

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)

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