## L22000449149

(Reques	tor's Name)
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PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:





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October 12, 2022

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: KASCO REALTY HOLDINGS LLC.

New Florida limited liability company filing

Dear Sir or Madam:

Please find enclosed the following items for the above new Florida limited liability company filing:

- 1. Check No. 5063 in the amount of \$130.00 made payable to "Florida Department of State" for filing fee and Certificate of Status;
- 2. Executed Application with Registered Agent's Acceptance of Michael A. Freeling, Esq., Bloom & Freeling, 2295 NW Corporate Blvd. #117, Boca Raton, Florida 33431;
- 3. Executed Application by Scott Milchman, Authorized Member of Kasco Realty Holdings LLC.

Thank you for your assistance in filing. If you have any questions, you can reach me at 561-864-0000 x206.

Very truly yours,

Michael A. Freeling, Esq.

MAF/ak

Enc.

## COVER LETTER

	New Filing Sec Division of Co						
SUBJEC	KASCO R	EALTY HOLDIN	GS LLC.				
OUBSEC	· · · · · · · · · · · · · · · · · · ·	Nan	ne of Limite	d Liability	Company		
The encle	osed Articles of	Organization and	fec(s) are su	bmitted fo	or filing.		
Please re	turn all correspo	ondence concernin	g this matter	to the fol	lowing:		
	MICHAEL	A. FREELING, ES	SQ.				
	<del></del>		Ŋ	Vame of P	erson		
	BLOOM &	FREELING, ATT	ORNEYS A	T LAW			
			]	Firm/Com	pany		<del></del>
	2295 N.W. (	CORPORATE BL	VD. #117				
	<del></del>			Addres	s		
	BOCA RAT	ON, FLORIDA 33	3431				
	SJM6545@G	MAIL.COM	City/	State and	Zip Code		
			be used for	future ani	nual report notification	on)	
For further	r information co	ncerning this matte	er, please ca	11:			
	MICHAEL A	. FREELING	561 at (	)	864-0000		
	Nam	e of Person	Area	Code	Daytime Telephone	e Number	
Enclosed	is a check for t	he following amou	int:				
□\$125.0	00 Filing Fee	≡\$130.00 Filin Certificate of S	tatus	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Fil Certificate of Certified Copy (additional copy	Status &
	New F Divisi P.O. E	ag Address iling Section on of Corporations ox 6327 assee, FL 32314	:	N T 24	treet Address ew Filing Section Di- he Centre of Tallaha 415 N. Monroe Stree allahassee, FL 3230	ssee et, Suite 810	<b>2022</b> OC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KASCO REALTY HOLDINGS LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
350 S. OCEAN BLVD., 6-A	350 S. OCEAN BLVD., 6-A
BOCA RATON, FLORIDA 33432	BOCA RATON, FLORIDA 33432
C/O SCOTT J. MILCHMAN	C/O SCOTT J. MILCHMAN

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:

MICHAEL A. FREE	LING, ESQ., BLOOM	& FREELING
	Name	
2295 N.W. CORPOR	ATE BLVD., #117	
Florida street address	(P.O. Box NOT acce	ptable)
BOCA RATON	FLORIDA	33431
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..

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	SCOTT J. MILCHMAN	
ANDN	350 S. OCEAN BOULEVARD, 6-A	
	BOÇA RATON, FLORIDA 33432	
AMBR	KATHLEEN FORTUNATO	
	26 ROYAL PALM WAY #302 BOCA RATON, FLORIDA 33432	
	BOCK RATON, TEOREM 33.02	
(I In attachment if pagescant)		
(Use attachment if necessary)		
E.V: Effective date, if other than the	date of filing: (OPTIO	NAL)
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