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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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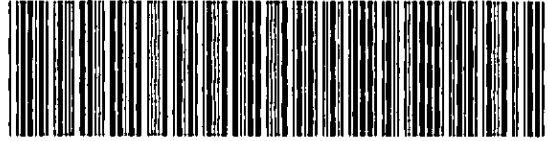
(Business Entity Name)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Casita Margarita 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:

DAVID B KILE
Name of Person

Firm/Company

151 33rd Ave N
Address

ST. Petersburg, FL 33704
City/State and Zip Code

Casitamargarita151@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID KILE at (727) 433-0909
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ ~~\$125.00~~ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cusita MARGARITA 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:

151 33rd Ave N
ST Pete, FL 33704

Mailing Address:

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:

DAVID KILE

Name

151 33rd Ave N

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

St Petersburg FL 33704

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.

David Kile

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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

MGL

DAVID KYLE

157 33rd Ave N.
ST Petersburg, FL 33704

AMBR

Liliyay, Kile

151 35th Ave N.
St Petersburg, FL 33704

2022 DEC 13 AM 11:15
VALTANISSE, ET ORNIT

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.

OK.
Xenia D W

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.

DAVID B KILE

Typed or printed name of signee

S 5.00 Certificate of Status (Optional)