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Division of Corporations

**L23000070308**

Florida Department of State  
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To:

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

From:

Account Name : HUBCO  
Account Number : 104652003400  
Phone : (516)935-3940  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: KAITLYNAURILIO@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO.

## Kaitlyn Marie's Events & Design LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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AM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Kaitlyn Marie's Events & Design LLC

(Must end with 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:7703 NW 21st Terrace  
Gainesville, FL 326097703 NW 21st Terrace  
Gainesville, FL 32609

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Kaitlyn Aurilio

Name

7703 NW 21st TerraceFlorida street address (P.O. Box NOT acceptable)Gainesville FL 32609

City

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.*

DocuSigned by:

Kaitlyn Aurilio

5C57A2036C3C461

Registered Agent's Signature (REQUIRED)

Kaitlyn Aurilio

(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

AMBR**Name and Address:**Kaitlyn Aurilio7703 NW 21st TerraceGainesville, FL 32609

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Kaitlyn Aurilio

CC17AE0D6C3C481

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kaitlyn Aurilio

Typed or printed name of signee

## FAX COVER SHEET

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**To:** 18506176381

**From:** Emily Keller <emily@inc-it-now.com>

**Company:**

**Date:** 02/14/2023 14:22

**Fax Number:** 18506176381

**Pages (Including cover):** 4

**Re:** R.A.S.VILLARENTALJA LLC - FLA FAX

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**Notes:**

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Thank You in advance.

Emily Keller

Hubco Incorporation Services

238 W. Jericho Turnpike | Huntington Station, NY 11746

Phone: (516) 935-3940 Ext. 1189 | Fax: (516) 935-3088

Direct Phone: 516-813-1189

email: emily@inc-it-now.com