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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP

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MAIL

\_\_\_\_\_

(Business Entity Name)

\_\_\_\_\_

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/29/10-0112-002 44100.00

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2023-06-23 11:29

11:29:00 AM

## COVER LETTER

TO: New Filing Section  
Division of Corporations

**SUBJECT:** Daniel J. Kolick, 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:

Daniel J. Kolick

Name of Person

Daniel J. Kolick LLC

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**Firm/Company**

6401 S 1st Ave N

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### Address

Pinellas Park, FL 33781

City/State and Zip Code

dikolick@email.com

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

For further information concerning this matter, please call:

Daniel J. Kolick 727 228-1962  
at ( )

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

2023 FEB 23 AM 11:30

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Daniel J. Kolick, 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:**

6401 81st Ave N,  
Pinellas Park FL 33781

**Mailing Address:**

6401 81st Ave N  
Pinellas Park FL 33781

**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:

Daniel J. Kolick

Name

6401 81st Ave N

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

Pinellas Park

FL

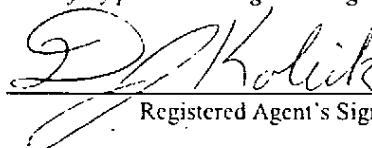
33781

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.*

  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 FEB 28 AM 11

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Daniel J. Kolick

6401 81st Ave N

Pinellas Park FL 33781

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 13 Feb 2023 (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.

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**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.

Daniel J. Kolick

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)**

FLORIDA  
DEPARTMENT  
OF STATE  
REGISTRATION  
AND  
FILING  
DIVISION

2023 FEB 28 AM 11:30