

L230000²31222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

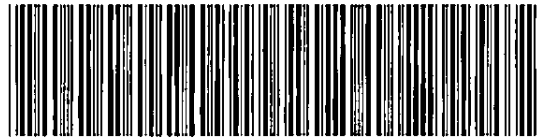
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/23--01009--017 **130.00

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23 APR 25 PM 12:35
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KIOTA CHA TAI, 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:

MARK G. REGENAUER
Name of Person

Firm/Company

28 TAYLOR AVENUE, UNIT 4
Address

ROCHESTER, NH 03839
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK G. REGENAUER at (603) 973-3780
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

KIOTA CHA TAI, 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:

28 TAYLOR AVENUE, UNIT 4
ROCHESTER, NH 03839

Mailing Address:

28 TAYLOR AVENUE, UNIT 4
ROCHESTER, NH 03839

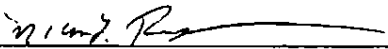
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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 ROMEO
Name
3206 STABILE ROAD
Florida street address (P.O. Box ~~NOT~~ acceptable)
ST. JAMES CITY, FL 33956
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)

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:

MGR

MARK G. REGENAUER
28 TAYLOR AVENUE, UNIT 4
ROCHESTER, NH 03839

MGR

EILEEN S. REGENAUER
28 TAYLOR AVENUE, UNIT 4
ROCHESTER, NH 03839

(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.)

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:

Mark G. Regenauer

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.

MARK G. REGENAUER

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)

SMYTH & ASSOCIATES, P.A.

Estate Planning and Wealth Preservation

WILLIAM J. SMYTH
ATTORNEY AT LAW

P.O. Box 1010, Kennebunk, ME 04043
(207) 967-0399

Admitted in Maine, New Hampshire & Massachusetts

April 20, 2023

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

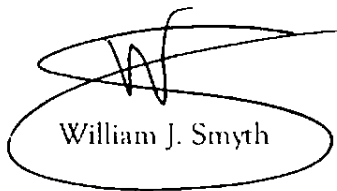
RE: Kiota Cha Tai, LLC

Dear Sir or Madam:

Please find enclosed a *Cover Letter and Articles of Organization* for the above referenced limited liability company. Also enclosed is our check in the amount of \$130.00 for the filing fee and Certificate of Status.

Feel free to contact our office if you should have any questions. Thank you for your time and assistance.

Very truly yours,



William J. Smyth

ENC.

FILED
23 APR 25 PM 12:36
TALLAHASSEE, FL 32314