

L23000369870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

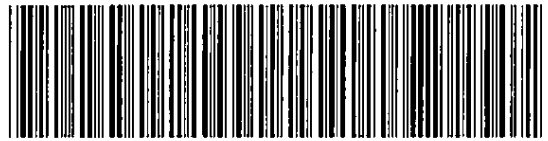
(Document Number)

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

Special Instructions to Filing Officer.

03/07/22

Office Use Only



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S. CHATHAM  
AUG - 8 2023

2022 MAR -7 PM 2:04



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2023

ZACHARY F. KESLING  
2303 VALENCIA DR.  
SARASOTA, FL 34239 US

SUBJECT: CAMEVY LLC  
Ref. Number: F22000022758

There is a fee of \$11.25 due.

A recent audit of our records has discovered the business entity filed in this office as a corporation contains an unacceptable corporate indicator.

The purpose of this letter is to advise of this error and to let you know the document was accepted in error.

At this point, we are asking for clarification as to whether you want to be a corporation or were you trying to form a limited liability company.

If a corporation is the desired end result, please reply giving this office an acceptable corporate indicator, such as inc., incorporated, corp., corporation etc. We will then correct the record.

If a limited liability company is the desired end result, please reply advising this office of your wishes. The original filing will be marked as 'Filed in Error' and a refund will be issued to the credit card that paid for this filing. You will then need to return to our website and choose the 'New Florida LLC' filing option under our 'Filing Services' menu and start the process again.

We apologize for any inconvenience this may cause but our ultimate goal is accurate records.

If you have any questions, please feel free to contact us.

Summer Chatham  
Division of Corporations  
850-245-6052

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Camevy 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:

Zachary F. Kesling  
Name of Person

\_\_\_\_\_  
Firm/Company

2303 Valencia Dr.  
Address

Sarasota, FL 34239  
City/State and Zip Code

DRZach@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delia Coteria at ( 941 ) 321-7006  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

-113.75

\$11.25

☐ \$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  
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:

Camevy L.L.C.

(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:

2303 Valencia Dr.  
Sarasota, FL 34239

Mailing Address:

2303 Valencia Dr.  
Sarasota, FL 34239

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:

Zachary F. Kesling  
Name  
2303 Valencia Dr.  
Florida street address (P.O. Box NOT acceptable)  
Sarasota FL 34239  
City State Zip

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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.,

Zachary F. Kesling  
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

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Zachary F. Kesling  
2303 Valencia Dr  
Sarasota, FL 34239

Delia Cotera  
2303 Valencia Dr  
Sarasota, FL 34239

\_\_\_\_\_

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(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:**

Zachary F. Kesling  
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.

Zachary F. Kesling  
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)