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Special Instructions to Fili	ng Officer:	
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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
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	AKINETA, LLC		
	CORPORATE NAME AND DOC	UMENT #)	
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COVER LETTER

	ew Filing Sec ivision of Co				
SUBJECT	Akineta, L	LC			
30131.01	•	Name of	Limited Lial	oility Company	
The enclos	ed Articles of	Organization and fee(s) are submitt	ed for filing.	
Please retu	rn all correspo	andence concerning this	s matter to th	e following:	
	T. Hunter St	ahl			
			Name	of Person	
	Threlkeld La	aw, P.A.			
	Firm/Company 3003 Tamiami Trail N. Suite 400 Address				
	Naples, FL 3	34103			
	hunter@naple	eslegal.net	City/State	and Zip Code	
-		3-mail address: (to be u	sed for future	annual report notificat	
or further in	nformation co	ncerning this matter, ple	ease call:		
	Hunter Stahl	31	239	234-5034	
	Nam	e of Person		Daytime Telephon	
Enclosed is	a check for th	ne following amount:			
□\$125.00	Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		lling Section		New Filing Section D	
		on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
Akineta. LLC				
(Must cor	ntain the words "Limited	Liability Company	. "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	office of the Limited	d Liability Company is:	
Princi	Principal Office Address:		Mailing Address:	
860 6th Ave. S			860 6th Ave. S	
Unit 1944			it 1944	
Naples, FL 34102		Na _j	oles, FL 34102	
The name and the Florida street	Threlkeld Law, P.A.	_		
	3003 Tamiami Trail	N. Suite 400		
	Florida street address	s (P.O. Box <u>NOT</u> a	P.O. Box <u>NOT</u> acceptable)	
	Naples	FL.	34103	
	City	State	Zip	
daving been named as registered place designated in this certificate urther agree to comply with the p um familiar with and accept the o	e, I hereby accept the apport provisions of all statutes re bligations of my position (ointment as register elating to the prope as registered agent	ed agent and agree to ac r and complete performa	t in this capacity. I nce of my duties, and i
		(CONTINUED)	, ., ,	

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Areta E. Brattis	
	860 6th Ave. S. Unit 1944	
	Naples, FL 34102	
MGR	George Yiachos	
	860 6th Ave. S. Unit 1944	
	Naples, FL 34102	
		
		
If an effective date is listed, the date mus he date of filing.)	the date of filing: <u>December 31, 2023</u> . (OPTIC at be specific and cannot be more than five business days process not meet the applicable statutory filing requirements, this	rior to or 90 days after
the document's effective date on the Depa	ortment of State's records.	
ARTICLE VI: Other provisions, if any.		70 24
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DUCKINDED OLON, MICE		SSS - M
REOUIRED SIGNATURE:		
	Tyler H. Stahl	
Signature	of a member or an authorized representative of a member	rti g
This document is	s executed in accordance with section 605,0203 (1) (b), Florid	da Statutes.
I am aware that a constitutes a thire	ny false information submitted in a document to the Departm I degree felony as provided for in s.817.155, F.S.	ent of State
	al - authorized representative	
	Typed or printed name of sience	_

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)