

L24000286402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

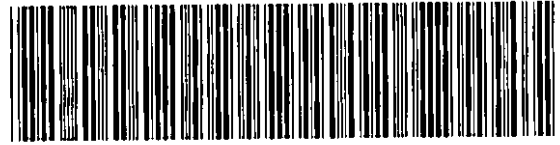
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 JUN 26 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/25/24
Order #: 1543615-1
Re: PALMA & PALMA LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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DEPT OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PALMA & PALMA 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:

Charles M. LeSchack

<u>Name of Person</u>	FILED 2024 JUN 26 AM 9:47 CLERK OF STATE TALLAHASSEE FL
<u>CUMMINGS & LOCKWOOD LLC</u>	
<u>Firm/Company</u>	
<u>Six Landmark Square, 8th Floor</u>	
<u>Address</u>	
<u>Stamford, CT 06901</u>	
<u>City/State and Zip Code</u>	
<u>cleschack@cl-law.com</u>	
<u>E-mail address: (to be used for future annual report notification)</u>	

For further information concerning this matter, please call:

<u>Charles M. LeSchack</u>	<u>203</u>	<u>351-4418</u>
Name of Person	at (Area Code)	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input 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
OF
PALMA & PALMA LLC**

**ARTICLE I
Name**

The name of this limited liability company is Palma & Palma LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is:

9150 Penzance Blvd.
Fort Myers, FL 33912

**ARTICLE III
Purpose**

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

**ARTICLE IV
Duration**

The period of duration for the Company is perpetual.

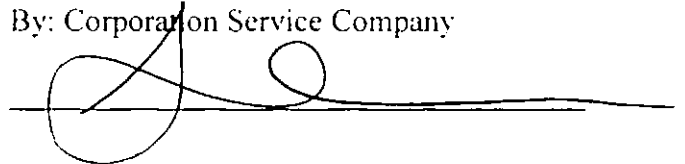
**ARTICLE V
Registered Office and Agent**

The name and the Florida street address of the registered agent are:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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.

By: Corporation Service Company

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

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STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLE VI
Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Michael J. Katin
9150 Penzance Blvd.
Fort Myers, FL 33912

Simona Cekanova
9150 Penzance Blvd.
Fort Myers, FL 33912

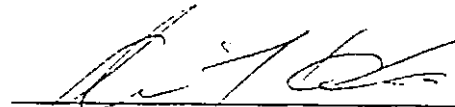
ARTICLE VII
Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII
Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion or otherwise affect the interpretation of, any written operating agreement of the Company as amended and in existence from time to time.

Dated: June 24, 2024.



Michael J. Katin
Manager

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.

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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA