

12/11/24, 8:54 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2400052356

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000407270 3)))



H240004072703ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Corporate@comiter.singer.com

FLORIDA LIMITED LIABILITY CO.

Xanadu My Way, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2024 DEC 17 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 DEC 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

12/17/2024 11:25 FAX
850-617-6381

12/17/2024 7:31:08 AM PAGE 1/001 Fax Server

002



December 17, 2024

COMITER & SINGER, LLP

FLORIDA DEPARTMENT OF STATE
Division of Corporations
(2nd fax)

SUBJECT: XANADU MY WAY, LLC
REF: W24000163232

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Tim Burch
Operations Manager A
New Filing Section

FAX Aud. #: H24000407270
Letter Number: 324A00026971

FILED
2024 DEC 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H24000407270 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Xanadu My Way, 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 R. Brown, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Rebecca Byers

561

626-2101

at ()

Name of Person

Area Code

Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 17 PM 1:17

FILED

H240004072703

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Xanadu My Way, 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:Mailing Address:256 Bayshore Drive
Cape Coral, FL 33904256 Bayshore Drive
Cape Coral, FL 33904

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:

Comiter, Singer, Baseman & Braun, LLP

Name

3825 PGA Blvd., Suite 701Florida street address (P.O. Box **NOT** acceptable)

<u>Palm Beach Gardens</u>	<u>FL</u>	<u>33410</u>
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)

FILED
 2024 DEC 17 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H84000407270 3

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:MGRKristine Lanner Kokolakis
256 Dayshore Drive
Cape Coral, FL 33904

(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:**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.Kristine Lanner Kokolakis, Manager

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)FILED
2024 DEC 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA