

L97000000386

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800002132898--6  
-04/03/97--01102--001  
\*\*\*293.75 \*\*\*293.75

SUBJECT: KaTo L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Kathryn A. Haren  
Name (Printed or typed)  
931 Pinto Circle  
Address  
Nokomis, FL 34275  
City, State & Zip  
(941) 486-1312  
Daytime Telephone number

FILED  
97 APR -3 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/4/97

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KaTo L.c.

**ARTICLE II - Address:**

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

931 Pinto Circle, Nokomis, FL 34275

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

perpetual

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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TALLAHASSEE, FLORIDA

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

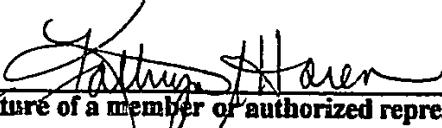
Kathryn Haren  
931 Pinto Circle  
Nokomis, FL 34275

Antony Partridge  
931 Pinto Circle  
Nokomis, FL 34275

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Kato L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ \_\_\_\_\_.
- 5) the total amounts of 2, 3 and 4 is \$ 10,000.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

Kato Lc.

2. The name and address of the registered agent and office is:

Kathryn A. Haren  
(NAME)

931 Pinto Circle  
(P. O. Box NOT ACCEPTABLE)

Nokomis, FL 34275  
(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.*

Kathryn A. Haren  
(SIGNATURE)

4/1/97  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**