02/21/2025 3:50 PM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Phone Fax Number : (215)977-9386

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Casa Loma 909 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

To:

(((H250000675853)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:					
Casa Loma 909 LLC (Must contain	the words "Limited l	Liability Com	pany, "L.L.C.," or "LLC.")	,	-	
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the Li	mited Liability Company is:			
Principal C	ffice Address:		Mailing Addre	: <u>ss</u> :		
163 Green Bank Road			163 Green Bank Road		- .	
Penyville, MD 21903			Perryville, MD 21903		— . — . — .	
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street add	mot serve as its own re Plorida registratio	Registered An.) agent are:		ividual or	- 2025 FEB 21	7.7
<u>7</u>	901 4th Street N., S	uite 300		-	РН	
ī	lorida street addres	s (P.O. Box 🐧	OT acceptable)	1.02 1.02		
S	t. Petersburg	FL	33702	ALE ALE	1:43	
	City	State	Zip			
Having been named as registered ager place designated in this certificate, I he further agree to comply with the provis um familiar with and accept the obliga	ereby accept the apportions of all statutes restions of my position to	pintment as re elating to the p as registered of	gistered agent and agree to act in proper and complete performanc	n this capacity e of my duties,	и I	
		(CONTINU	JED)		•	•

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

(((H250000675853)))

		Name and Address:
	Authorized Member	
"MGR" = M	•	
AMBR		Pete Tummillo
		163 Green Bank Road
		Perryville, MD 21903
AMBR		Janu Marie Compustri
ANIDK		Jean Marie Semonetti 8 Ranids Court
		8 Rapids Court Barnegat, NJ 08005
		Emiliane (19 0000)
		-
		
		•
EV: Effective date is	ent if necessary) ve date, if other than the listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 or
EV: Effective date is filling.) the date insert nent's effection	ve date, if other than the listed, the date must rted in this block does	to date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 of the not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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EV: Effective date is filling.) the date insernent's effective VI: Other p	red ate, if other than the listed, the date must red in this block does ive date on the Depart provisions, if any. SIGNATURE: Signature of This document is e I am aware that any constitutes a third of the listed in the listed at the listed in the listed at the listed in the listed at the listed in the liste	not meet the applicable statutory filing requirements, this date will not be ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, a false information submitted in a document to the Department of State