L21000007306

(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						

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P.E. ... PH 2: 27

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 6004537 . 7901254						
AUTHORIZATION:						
COST LIMIT : \$ 160.00						
ORDER DATE : January 7, 2021						
ORDER TIME : 11:07 AM						
ORDER NO. : 600453-015						
CUSTOMER NO: 7901254						
DOMESTIC FILING						
NAME: SCAT HOLDINGS LLC						
EFFECTIVE DATE:						
ARTICLES OF INCORPORATION						
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY						
PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Alexxis Weiland - EXT.						
EXAMINER'S INITIALS:						

COVER LETTER

то:	New Filing Sec Division of Cor					
SUBJEC		LDINGS LLC				
SUBJEC	CT:	Name of	Limited 1	Liability Company		
The encl	osed Articles of	Organization and fee(s	s) are subn	nitted for filing.		
Please re	turn all correspo	ondence concerning thi	s matter to	the following:		
	STEVEN L.	CATENA				
			Nar	me of Person		
			Fir	m/Company		- 5
	1030 3rd Av	e S., Unit 406				· · · · · · · · · · · · · · · · · · ·
			•	Address		220 1220 1200
	Naples, FL 3	4102				1
			C'+ (C+-	17' 6 1		 ≥
	stevencatena1	6@gmail.com	City/Sta	ate and Zip Code		ୁ ଅଟ ଅନୁଧାର
		_ 	sed for fu	ture annual report notifica	tion)	
For further		ncerning this matter, pl		·		
	_	Akselrad, Esq.	973	660-4427		
		e of Person	Area Co		ne Number	
Enclosed	is a check for th	ne following amount:				
□\$125.0	00 Filing Fee	□\$130.00 Filing Fer Certificate of Status	C	3\$155.00 Filing Fee & ertified Copy litional copy is enclosed)	\$160.00 Fi Certificate of Certified Cop (additional copy	Status &
	New Fi Divisio P.O. Bo	g Address ling Section n of Corporations ox 6327 issee, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabilit	y Company is:					
SCAT HOLDINGS I	.1.C					
(Must cona	tin the words "Limited	Liability Com	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street at	deress of the principal of	ffice of the L	imited Liability Company is:			
3.1.2 3.1.2	•					
Princip:	al Office Address:		Mailing Address: c/o STEVEN L. CATENA			
c/o STEVEN L. CAT	TENA					
1030 3rd Ave S., Unit 406			1030 3rd Ave S., Unit 406			
Naples, FL 34102			Naples, FL 34102			
another business entity with an a		i agent are:				
	1030 3rd Ave S., Un		NOT			
	Florida street address (P.O. Box NOT acceptable)					
	Naples	FL	34102			
	City	State	Zip			
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statules re ligations of my position STEVEN L CATI	ointment as re elating to the p as registered of ENA	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)			
		(CONTINUE	F F F F A A			

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager STEVEN L. CATENA MGR 1030 3rd Ave S., Unit 406 Naples, Florida 34102 (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.

STEVEN L. CATENA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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