

L10000103291

(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

EFFECTIVE DATE 11/29/10



100185414161

10/01/10--01023--014 **155.00

FILED
10 OCT - 1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sisters-Hood Venture "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:

N. J. KULLA

Name of Person

Firm/Company

14 W Stevens St.

Address

ST. PAUL, MN. 55107

City/State and Zip Code

KULLA TAMPA@Yahoo.com

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

For further information concerning this matter, please call:

N. J. KULLA

Name of Person

at (651) 210-6164

Area Code & Daytime Telephone Number

FILED
10 OCT -1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sisters - Hood Venture "LLC."

(Must end with 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:

N. J. Kulla
14 W Stevens St.
ST. PAUL, MN. 55107

Mailing Address:

SAME

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:

Eleanor Downes
Name
3702 Carrollbrook Rd.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33618
City, State, and Zip

FILED
10 OCT - 1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..

Eleanor Downes, Eleanor Downes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 11/29/10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

N. J. KULLA
14 W STEVENS ST.
ST PAUL, MN 55107

"MGR"

Joyce Elaine KULLA
804 Orange St.
Prescott, WI 54021

"MGRM"

Judith KAY KULLA
1318 RAMSEY ST.
Hastings, MN 55033

"MGRM"

Deborah Lynn Sheehan
1200 Sibley St.
Hastings, MN 55033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Nov 29th (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.)

REQUIRED SIGNATURE:

N. J. Kulla
Signature of a member or an authorized representative of a member.

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

N. J. Kulla
Typed or printed name of signee

FILED
10 OCT - 1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)