

L14 00 0018303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

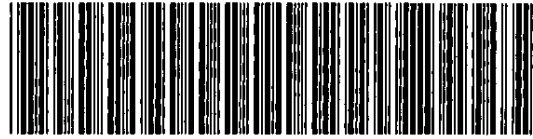
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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J. Stivers FEB 03 2013

RECORDED & INDEXED  
FEB 03 2013  
TALLAHASSEE, FLORIDA

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Divine Connection 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:

**Kimmesha Troutman**

Name of Person

**Divine Connection LLC.**

Firm/Company

**6104 Tinley Terrace**

Address

**Sanford, FL 32773**

City/State and Zip Code

**Ktroutman09@gmail.com**

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

For further information concerning this matter, please call:

**Kimmesha Troutman**

Name of Person

at **407 936-4408**

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**  
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:

Divine Connection 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:**

**Mailing Address:**

6104 Tinley Terrace  
Sanford, FL 32773

6104 Tinley Terrace  
Sanford, FL 32773

**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:

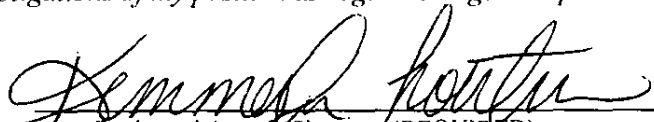
Kimmesha Troutman  
Name

6104 Tinley Terrace  
Florida street address (P.O. Box **NOT** acceptable)

Sanford FL 32773  
City, State, and Zip

14 APR 01 PM 02:25  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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 \_\_\_\_\_

Kimmesha Troutman \_\_\_\_\_

6104 Tinley Terrace \_\_\_\_\_

Sanford, FL 32773 \_\_\_\_\_

MGRM \_\_\_\_\_

Kentisha Williams \_\_\_\_\_

6016 Island Bay Circle \_\_\_\_\_

Sanford, FL 32771 \_\_\_\_\_

MGRM \_\_\_\_\_

Belinda Smith \_\_\_\_\_

2023 Alexander Ave \_\_\_\_\_

Sanford, FL 32771 \_\_\_\_\_

MGRM \_\_\_\_\_

Tyonna Price \_\_\_\_\_

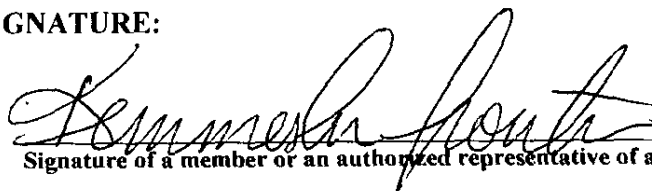
1213 Webster Street \_\_\_\_\_

Leesburg, FL 34748 \_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**



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. 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.)

Kimmesha Troutman \_\_\_\_\_

Typed or printed name of signee

14 JUN 21 11:09:25  
MILLER COUNTY CLERK  
STATE OF 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)