

L14000106332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

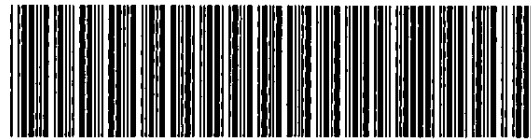
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261896229

07/03/14--01012--021 **125.00

FILED

2014 JUL - 3 P 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. BOSTICK

JUL - 3 2014

S. MINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIXXS4U, 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:

CHERRON WADE
Name of Person

KIXXS4U, LLC
Firm/Company

34954 S.W. 188TH PLACE, LOT 100
Address

HOMESTEAD, FLORIDA 33034
City/State and Zip Code

KIXXS4ULLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERRON WADE at (786) 390-6230
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL - 3 P 4:36

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KIXXS4U, 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:

34954 S.W. 188TH PLACE
LOT 100
HOMESTEAD, FL 33034

Mailing Address:

34954 S.W. 188TH PLACE
LOT 100
HOMESTEAD, FL 33034

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:

CHERRON WADE

Name

34954 S.W. 188TH PLACE, LOT 100

Florida street address (P.O. Box NOT acceptable)

HOMESTEAD

City

FL

33034

Zip

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 605, F.S..

Cherron Wade

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 JUL -3 P 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

CHEERON WADE
34954 S.W. 188TH PLACE, LOT 100
HOMESTEAD, FL 33634

DOUGLAS MAYERS
34954 S.W. 188TH PLACE, LOT 100
HOMESTEAD, FL 33634

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Cheeron Wade

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Cheeron Wade
Typed or printed name of signee

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)

2014 JUL -3 P 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED