

L15000098262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

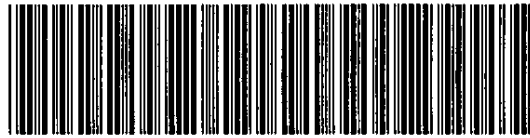
(Business Entity Name)

(Document Number)

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6/9/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY KENSINGTON NANNY & HOME SERVICES, 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:

JOHN B. GALLAGHER, ESQ.

Name of Person

JOHN B. GALLAGHER, PA

Firm/Company

2631 EAST OAKLAND PARK BOULEVARD, SUITE 201

Address

FORT LAUDERDALE, FLORIDA 33306

City/State and Zip Code

GAL2701@aol.com

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

For further information concerning this matter, please call:

JOHN GALLAGHER

954

524-1888

at (_____) _____

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 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:

MY KENSINGTON NANNY & HOME SERVICES, 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:

326 EASTWOOD TERRACE
BOCA RATON, FLORIDA 33431

Mailing Address:

326 EASTWOOD TERRACE
BOCA RATON, FLORIDA 33431

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:

JOHN B. GALLAGHER, ESQ.

Name

2631 EAST OAKLAND PARK BOULEVARD, SUITE 201

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

FORT LAUDERDALE FLORIDA 33306

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

ANGELA L. VON DIETRICH

326 EASTWOOD TERRACE

BOCA RATON, FLORIDA 33431

(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.

(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.)

Angela L. von Dietrich

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)

AFFIDAVIT OF ANGELA L. VON DIETRICH
TO THE DEPARTMENT OF STATE
STATE OF FLORIDA

STATE OF FLORIDA)
) ss:
COUNTY OF Palm Beach)

BEFORE ME, the undersigned authority, personally appeared Angela L. Von Dietrich, who, being by me first duly sworn, deposes and says:

1. My name is Angela L. Von Dietrich. I am over eighteen (18) years of age and I am capable of making this affidavit. I have personal knowledge of all of the facts set forth in this affidavit. I am competent to testify to all the facts in this affidavit. All facts that I assert in this affidavit are true and correct.

2. I was/am the sole owner and Director of Kensington Nanny & Home Services, Inc., a Florida corporation, that was administratively dissolved on September 26, 2008. See the certified copy of detail attached hereto as Exhibit A. I am authorized, by said corporation to make the following representations to the Department of State, State of Florida on behalf of said dissolved corporation.

3. Kensington Nanny & Home Services, Inc. has no intention to revoke its dissolution, and hereby releases its name for use to another entity.

4. I, as principal of Kensington Nanny & Home Services, Inc. wish to form a new entity to be named My Kensington Nanny & Home Services, LLC and the name of the corporation is hereby released to My Kensington Nanny & Home Services, LLC permanently.

The statements in this Affidavit are true and correct to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NAUGHT.

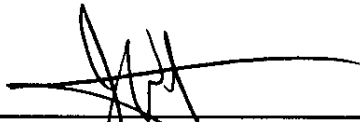


Angela L. Von Dietrich

STATE OF FLORIDA)
 Palm Beach) ss:
COUNTY OF ~~BROWARD~~)

The foregoing instrument was sworn to and subscribed before me this 1ST day of ~~May~~ May, 2015, by Angela L. Von Dietrich. She is personally known to me or has produced FL DL (type of identification) as identification and did take an oath.

Jason R. Westfort
Notary Public
State of Florida
My Commission Expires 06/13/2018
Commission No. FF 132345



NOTARY PUBLIC, STATE OF FLORIDA
(Print, Type or Stamp Commissioned Name of Notary Public)