

L030000013937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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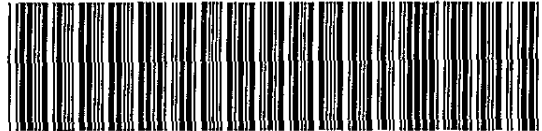
(Business Entity Name)

(Document Number)

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~~W03-10021~~

03 APR 18 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VB
4-18-03

Maxine A Williams

1107 G2 Greenpine Blvd

W. P. B. FL 33409

Cell: 561- 312 0907

Office 561- 640 4521

Home 561- 242 8674

APPROVED
AND
FILED

03 APR 18 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 9, 2003

MAXINE A. WILLIAMS
1107 G2 GREENPINE BLVD.
WEST PALM BEACH, FL 33409

SUBJECT: KIDS SOPHISTICATE
Ref. Number: W03000010021

We have received your document for KIDS SOPHISTICATE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 903A00021142

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kids Sophisticate L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1107 G2 Greenpine Blvd
W.P.B FL 33409

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Maxine A. Williams
Name
1107 G2 Greenpine Blvd
Florida street address (P.O. Box NOT acceptable)
W.P.B FL 33409
City, State, and 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 608, F.S.

Maxine A. Williams
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

J. Burns
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.)

Stephen Burns
Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

4 130.00

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TALLAHASSEE, FLORIDA

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