

L00000681263

(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



200077585582

08/16/06--01030--013 \*\*160.00

EFFECTIVE DATE  
8/11/06

FILED  
06 AUG 16 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

X

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Sonia Money 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:

Sonia Money  
(Name of Person)

Sonia Money LLC  
(Firm/Company)

2436 Ave B. S.W.  
(Address)

Winter Haven, FL 33880  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Money at (863) 307-4112  
(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

FILED  
06 AUG 16 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sonia Money LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C." or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2436 Ave B. S.W  
Winter Haven FL  
33880

2436 Ave B. S.W  
Winter Haven, FL  
33880

**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:

Sonia Money

Name

2436 Ave B. S.W

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

Winter Haven FL 33880

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.*

Sonia Money

Registered Agent's Signature (REQUIRED)

06 AUG 16 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

(CONTINUED)

Page 1 of 2

**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:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8-11-06 (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:**

Sonia Money  
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.)

Sonia Money  
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)

FILED  
06 AUG 16 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



# IMPERIAL POLK COUNTY OCCUPATIONAL LICENSE

LICENSE / ACCT # 9970022832

LICENSE YEAR 9/30/2007

CLASS

LOCATION 2436 SW B AVE

EMPLOYEES

48 - WINTER HAVEN - IN - IN CITY

BUSINESS TYPE

OWNER: SONIA MONEY

**A**



230000 LTD CONSTRUCTION

SONIA MONEY

2436 SW B AVE

WINTER HAVEN - IN, FL 33880-0000

JOE G. TEDDER  
TAX COLLECTOR  
502855.0001 of 0000  
DATE 08/11/2006  
Paid  
FEE: 30.00  
FILL  
OPER

LICENSE TYPE  
BASE TAX

NEW LICENSE  
30 00

DATE PAID:  
PENALTIES:

ADDL. AMT.  
TOTAL PAID: 30 00

JOE G. TEDDER, TAX COLLECTOR, 100 E MAIN ST, ROOM 12016, BARTOW, FL 33831, 2016, TEL (863) 534-4731, WWW.POLKTAXES.COM

THIS OCCUPATIONAL LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

0000003000 0000003000 00000000000065363 1001 0

**FILED**  
06 AUG 16 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA