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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

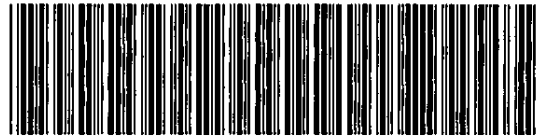
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAB 15 Enterprises, 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:

Kiosha Forston

(Name of Person)

(Firm/Company)

4575 Deslin Drive

(Address)

Tallahassee, FL 32305

(City/State and Zip Code)

For further information concerning this matter, please call:

Kiosha Forston

(Name of Person)

at (850) 414-9270
(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

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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:

FAB 15 Enterprises, 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:

c/o Holley R. Jones

~~2222 2222 2222~~ P.O. Box 530305
St. Petersburg, FL 33747

Mailing Address:

c/o Niccole Woody

1631 26th Ave South
St. Petersburg, FL 33712

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:

Kiosha Forston

Name

4575 Deslin Drive

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

Tallahassee FL 32305

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Kiosha Forston

Registered Agent's Signature (REQUIRED)

(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:

MGR

Holley R. Jones

~~2222 22nd St~~ P.O. Box 530305
St. Petersburg, FL ~~33712~~ 33747

MGR

Gregory Jones

14576 Olde Kent Rd
Centreville, VA 20120

MGRM

Niccole Woody

1631 26th Ave. South
St. Petersburg, FL 33712

MGRM

Kiosha Forston

4575 Deslin Drive
Tallahassee, FL 32305

(Use attachment if necessary)

See Attachment

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:

Kiosha Forston

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.)

Kiosha Forston

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV – Manager(s) or Managing Member(s):

Title	Name and Address
MGRM	Brenda Gilbert 4750 Emerson Street St. Petersburg, FL 33711
MGRM	Delbert Jones 3021 14 th Street North St. Petersburg, FL 33704
MGRM	Anthony Jones 2184 66 th Ave South St. Petersburg, FL 33712
MGRM	Anissa Jones 1805 56 th Place South #C St. Petersburg, FL 33712
MGRM	Shameka Jones 3337 Pine Top Drive Valrico, FL 33594
MGRM	Duke Jones 1639 Scott Street Clearwater, FL 33755
MGRM	Lisa Brown 503 Crossridge Ct Stafford, VA 22554
MGRM	Lisa Armstrong 549 Zanesville Street South St. Petersburg, FL 33707

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