

L08000045169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

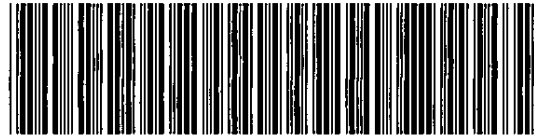
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED MAY - 6 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Initially Speaking
(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:

Barbara Courshon
(Name of Person)

(Firm/Company)

1919 Van Buren Street, Suite 208A
(Address)

Hollywood, Florida 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Courshon at (305) 318-7800
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2008

BARBARA COURSHON
1919 VAN BUREN STREET, SUITE 208A
HOLLYWOOD, FL 33020

SUBJECT: INITIALLY SPEAKING "L.L.C."
Ref. Number: W08000019826

We have received your document for INITIALLY SPEAKING "L.L.C." and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can serv as the Registered Agent. Also note you might want to list Managers or Managing Members.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 808A00023425

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Initially Speaking, "L.L.C."
(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:

1919 Van Buren St. Suite 208A
Hollywood, Florida 33020

Mailing Address:

1919 Van Buren St. Suite 208A
Hollywood, Florida 33020

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:

① Francine Brooks	② <u>Barbara Courshon</u>
Name	
1911 Collins Avenue, 3707	<u>1919 Van Buren Street, 208A</u>
Florida street address (P.O. Box NOT acceptable)	
Sunapeles, Florida 33460	<u>FL Hollywood, Florida 33020</u>
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..

①

~~Francine Brooks~~
Registered Agent's Signature (REQUIRED)

②

Barbara Courshon

(CONTINUED)

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SECRETARY OF STATE

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:

"MGRM"

Francine Brooks
1911 Collins Avenue, Suite 3707
Sunny Isles, Florida 33160

(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.)

REQUIRED SIGNATURE:

① Francine Brooks ② Barbara Courshon
Francine Brooks 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.)

① Francine Brooks ② Barbara Courshon
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