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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

NOV 24 2009

EXAMINER

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11/23/09--01042--015 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 23 PM 12:34

FILED

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Concepts Companies, LLC

FILED
2009 NOV 23 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one copy of the Articles with a check in the amount of \$155.00 for the Secretary of State which represents the filing fee for a Limited Liability Company.
Please return the enclosed additional copies to me with the filing date stamped on it.

FROM: Strategic Corporate Services Plus, Inc

1500 Avenue F Suite 3

Ely, Nevada 89301

866-310-7269

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Concepts Companies, 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:

Tina Boyce
Name of Person

Strategic Corporate Services Plus, Inc.
Firm/Company

1500 Avenue F, Suite 3
Address

Ely, NV. 89301
City/State and Zip Code

tboyce@sfstaxes.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tina Boyce at (866) 310-7269
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Concepts Companies, 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:

2300 NW 27th Avenue
Boynton Beach, FL 33436

Mailing Address:

2300 NW 27th Avenue
Boynton Beach, FL 33436

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:

Kristel Ramkhelawan

Name

2300 NW 27th Avenue

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

Boynton Beach, FL 33436

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..

Kristel Ramkhelawan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
ALBANY, FLORIDA

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

Kristel Ramkhelawan

2300 NW 27th Avenue

Boynton Beach, FL 33436

(Use attachment if necessary)

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FILED
STATE OF FLORIDA
TALLAHASSEE

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:



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.)

Kristel Ramkhelawan

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)