

L10000057888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 28 2010

EXAMINER



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05/27/10--01032--018 **165.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 27 PM 6:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: In Your City, 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:

Bakari Franklin
Name of Person

In Your City
Firm/Company

1818 W Jackson St.
Address

Pensacola, FL 32501
City/State and Zip Code

bfranklin24@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bakari Franklin at (850) 485-1088
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:

In Your City, 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:

1818 W Jackson St.
Pensacola FL 32501

Mailing Address:

1818 W Jackson St
Pensacola, FL 32501

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:

Bobari Franklin
Name

1818 W Jackson St.
Florida street address (P.O. Box **NOT** acceptable)
Pensacola FL 32501
City, State, and Zip

10 MAY 27 PM 6:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Bobari Franklin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

"MGRM"

Name and Address:

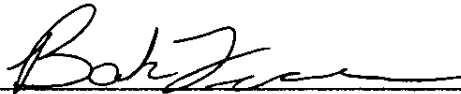
Bakari Franklin
1818 W Jackson St
Pensacola, FL 32501

Michael Singer
519 North 11th St
Pensacola, FL 32501

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/24/2010 (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.)

Bakari Franklin
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)