

L110000/4683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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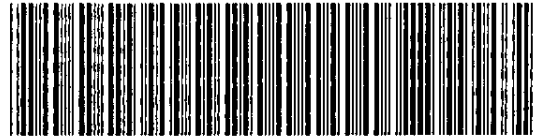
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
FEB 15 2011  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIDS SPEAK OUT LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA M. RUSSO

Name of Person

Firm/Company

2586 AVENUE AU SOLEIL

Address

GULF STREAM, FL 33483

City/State and Zip Code

fjrusso@bellsouth.net

E-mail address: (to be used for future annual report notification)

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11 FEB 14 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daniel Harrop

Name of Person

at ( 401 )

738-0010 ext 122

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L11000016683  
FILED 8:00 AM  
February 08, 2011  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
KIDS SPEAK OUT LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2586 AVENUE AU SOLIEL  
GULF STREAM, FL. 33483

The mailing address of the Limited Liability Company is:  
2586 AVENUE AU SOLIEL  
GULF STREAM, FL. 33483

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
PATRICIA M RUSSO  
2586 AVENUE AU SOLIEL  
GULF STREAM, FL. 33483

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.

Registered Agent Signature: PATRICIA M. RUSSO

## Article V

The name and address of managing members/managers are:

Title: MGRM  
PATRICIA M RUSSO  
2586 AVENUE AU SOLIEL  
GULF STREAM, FL. 33483

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Signature of member or an authorized representative of a member

Electronic Signature: PATRICIA M RUSSO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.