

L11000105036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

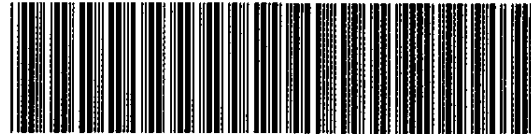
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 SEP 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OF CORPORATION / NAME RELEASE

To Whom It May Concern:

My name is Katina D. Amoah and I live at 191 Stevens Drive -Midway, FL 32343. I am submitting my articles of dissolution and a check in the amount of \$35.00 to dissolve the corporation of You Can Women in Business International, Inc.

PLEASE RELEASE THE NAME YOU CAN WOMEN IN BUSINESS INTERNATIONAL, INC. I WILL NOT FORM A CORPORATION UNDER THIS NAME AGAIN.

My contact number is (850) 980-3638.

Thank you,

Katina D. Amoah

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: You Can Women in Business, 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:

Katina D. Amoah
Name of Person

You Can Women in Business, LLC.
Firm/Company

191 Stevens Dr.
Address

midway, FL 32343
City/State and Zip Code

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

For further information concerning this matter, please call:

Katina D. Amoah at (850) 980-3638
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:

You Can Women in Business, 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:

191 Stevens Drive
midway, FL 32343

Mailing Address:

191 Stevens Dr.
midway, FL 32343

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:

Katina D. Amoah

Name

191 Stevens Dr.

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

midway FL 32343

City, State, and Zip

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SECRETARY OF STATE
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.

Katina Amoah

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 _____

Name and Address:

Katina D Amoah
191 Stevens Drive
midway, FL 32343

(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:

Katina Amoah

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.)

Katina D. Amoah

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)