# L11000129289

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(Requestor's Name)
(Address)
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(Casmos Zina) (tame)
(Document Number)
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Effective Date | | | | | | | | | | | |

2011 NOV 10 PH 2:54
SECULIARY OF STATE
AND ASSEEL FLORID



### **COVER LETTER**

Registration Section Division of Corporations
BJECT: Kelli Santos LLC
Name of Limited Liability Company
e enclosed Articles of Organization and fee(s) are submitted for filing.
ase return all correspondence concerning this matter to the following:
Belli Sartos Name of Person
Name of Person
Firm/Company
7306 Collins Ave. #23
Address
Miami Beach FT 33141  City/State and Zip Code
misskellwamail.com
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
Kelli Santos at 305, 394 3772
Name of Person Area Code & Daytime Telephone Number
closed is a check for the following amount:
5.00 Filing Fee \$\bigs\tag{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 323011900



#### RECEIVED

11 NOV 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 23, 2011

KELLI SANTOS 7806 COLLING AVE #)23 MIAMI BEACH, FL 33141

SUBJECT: KELLI SANTOS LLC Ref. Number: W11000043854

We have received your document for KELLI SANTOS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 23, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 611A00019717

## Effective Date 11 8/11

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
(Mus. end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7306 Collins Ave. #123 miami Beach, 7 33141	7306 collins Ave Haz Miami Buch, Fl 33141
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
7306 Collin	1S Ave + 23 ress (P.O. Box <u>NOT</u> acceptable)
Mami Blach City, Sta	FL 33141. te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	scept service of process for the above stated limited his certificate, I hereby accept the appointment as I. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	TAGE (REQUIRED)  TAGE (REQUIRED)
	95 0 F

(CONTINUED)

Page 1 of 2

#### ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	2.40	"MGR" = Manager "MGRM" = Managing Member	Belli Santos 7306 collins Ave. H23 Miami Ech, Fl 33141.
W/10/11			
$\approx 1/0$			
f an effective date is listed, the date must be specific and cannot be more than five business or 90 days after the date of filing.)	f an (	CLE V: Effective date, if other than the effective date is listed, the date must be	

Signature of a member of 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 s.817.155, F.S.)

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)