

**L11000134417**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

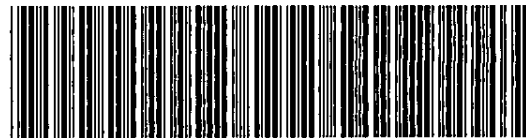
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2011 NOV 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**C. LEWIS**

NOV 29 2011

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2011

WILHEL DOROTHENE KELLY-HOILETT  
SERENDIPITY DESIGNS BY KELLY  
1921 JAMAICA DRIVE  
MIRAMAR, FL 33023

SUBJECT: SERENDIPITY DESIGNS BY KELLY, LLC  
Ref. Number: W11000057803

We have received your document for SERENDIPITY DESIGNS BY KELLY, 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):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$125.00.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 811A00025856

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Serendipity Designs by Kelly 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:

Wilhel Dorothea Kelly-Holett

Name of Person

Serendipity Designs by Kelly

Firm/Company

1921 Jamaica Drive

Address

Miramar FL 33023

City/State and Zip Code

willydk@msn.com

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

For further information concerning this matter, please call:

Dorothea Kelly-Holett

Name of Person

at ( 305 ) 2188492

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:

Serendipity Designs by Kelly, 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:

Wilhel Dorothea Kelly-Hoilett

Steve E S Higgins

### Mailing Address:

1921 Jamaica Drive Miramar FL 33023

## 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:

Wilhel Dorothea Kelly-Hoilett

Name

1921 Jamaica Drive

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

Miramar

FL 33023

City, State, and Zip

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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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Wilhel Dorothea Kelly-Holett

1921 Jamaica Drive

Miramar FL 33023

MGRM

Steve E S Higgins

2639 Oak Park Circle

Davie FL 33328

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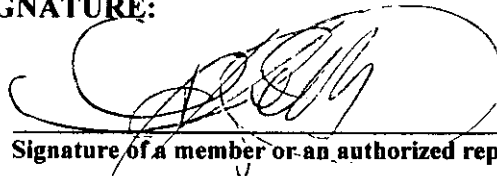
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(Use attachment if necessary)

**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:**



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 s.817.155, F.S.)

Wilhel Dorothea Kelly-Holett

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)**