

L12000081740

(Requestor's Name)

(Address)

(Address)

(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



300235339433

05/21/12--01014--028 **130.00

FILED
12 JUN 18 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 20 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2012

MS CASSANDRA L LEIGHVARD
876 COOL SPRINGS CIR.
OCOOEE, FL 34761

SUBJECT: SAPPHIRE BANK LLC
Ref. Number: W12000028233

We have received your document for SAPPHIRE BANK LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 212A00014920

876 Cool Springs Circle,
Ocoee, Florida 34761
(407) 745 0874

June 15, 2012

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: SAPPHIRE BANK LLC
Ref. Number: W12000028233

To Whom It May Concern:

I am resubmitting my request for articles of organization. "Sapphire Bank LLC" was not approved. Enclosed is a new filing form with a corrected name for my company. You already have my payment of \$130.00.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Leighvard", with a large, stylized loop at the end.

Ms. Cassandra Leighvard

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAPPHIRE BANK 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:

MS. CASSANDRA L. LEIGHVARD

Name of Person

Firm/Company

876 COOL SPRINGS CIRCLE

Address

OCFEE, FLORIDA 34761

City/State and Zip Code

SAPPHIREBANK@GMAIL.COM

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

For further information concerning this matter, please call:

CASSANDRA LEIGHVARD at (407) 745 0874

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:

KEKASMAI 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:

876 COOL SPRINGS CIRCLE
OCCOE, FLORIDA 34761

Mailing Address:

876 COOL SPRINGS CIRCLE
OCCOE, FL 34761

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:

MS. CASSANDRA LEIGHVARD

Name

876 Cool Springs Circle

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


OCCOE

FL 34761

City, State, and Zip

FILED
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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.



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

Name and Address:

MGR

MS. CASSANDRA LEIGHVARD
876 COOL SPRINGS CIRCLE
OCFEE, FL 34761

(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.)

CASSANDRA LEIGHVARD

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)