

L13000108653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

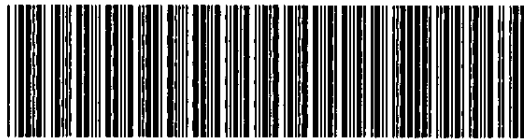
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AUG -1 2013

A. LUNT

Office Use Only



800250229658

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 31 PM 12:07

FILED

07/31/13--01014--022 \*\*130.00

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Sophisticates Publishing  
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:

Kim Cass

Name of Person

Sophisticates Publishing

Firm/Company

31790 LIS 19 N. #79

Address

Palm Idarbor, Fl. 34684

City/State and Zip Code

sophisticatespublishing@gmail.com

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

For further information concerning this matter, please call:

Kim Cass

Name of Person

at (727) 237-8714

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

2013 JUL 31 PM 07  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

**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

Kim Cass

31790 US 19 N. #79

Palm Harbor, FL. 34684

MGRM

Patti King Majeski

1469 Tree Top

Palm Harbor, FL. 34683

(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.)

Kim Cass

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)

FILED  
2013 JUL 31 PM 12:03  
SECOND DEPT OF STATE  
TALLAHASSEE, FL