

L14000015772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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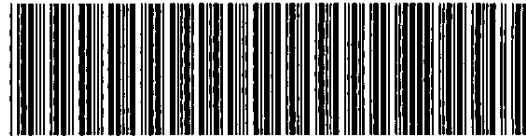
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beyond Average Empire
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:

Alicia McLeod
Name of Person

Beyond Average Empire
Firm/Company

1041 NW 184 Drive
Address

Miami, FL 33169
City/State and Zip Code

amachase2525@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia McLeod at (305) 527-7447
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beyond Average Empire 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:

Mailing Address:

NAKHIMA WALKER
105 NE AVE APT #3
HALLANDALE FL 33009

105 NE AVE APT #3
HALLANDALE FL 33009

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:

Simone Althea Bowen
Name
6360 SW 35th St
Florida street address (P.O. Box NOT acceptable)
miramar FL 33023
City Zip

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 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

AMBR

AMBR

Nakima Walker
105 NE Ave Apt #3
Hallandale, FL 33009

Alicia McLeod
1041 NW 184 Dr
Miami FL 33169

Niceemah King Cordington
7704 NW 5th Street Apt 2D
Plantation FL 33324

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Nakima Walker

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Nakima Walker

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)

AMBR

Latisha Robinson

2145 N 17th Court

Hollywood, FL 33020

AMBR

Fatima Milliner

5703 SW 37th Street

West Park, FL 33023

AMBR

Marqueita Bowen

2019 Jackson Street Apt . 102

Hollywood, FL 33020

AMBR

Samantha Bowen

2019 Jackson Street Apt. 102

Hollywood, FL 33020

AMBR

Sophia Burns

1365 N Hudson Apt. 580 Building 10a

Chicago, IL 60610

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