

L14000024297

(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:

W13-69082

Office Use Only



200254755242

12/17/13--01003--026 *4135.00

FILED

2014 FEB 11 PM 12:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2014

D BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

SHANTAVIUS CABRAL
4314 STONEFIELD DRIVE
ORLANDO, FL 32826

SUBJECT: IKANDII BOUTIQUE LLC
Ref. Number: W13000069082

FILED
2014 FEB 11 PM 12:48
TALLAHASSEE, FLORIDA

We have received your document for IKANDII BOUTIQUE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) you have listed for the manager(s) or manager member(s) is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 214A00001274



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2013

SHANTAVIUS CABRAL
4314 STONEFIELD DRIVE
ORLANDO, FL 32826

SUBJECT: IKANDII BOUTIQUE LLC
Ref. Number: W13000069082

We have received your document for IKANDII BOUTIQUE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please return 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A00028768

2014 FEB 11 PM 12:48
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IKandii Boutique 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:

Shantavius Cabral

Name of Person

IKandii Boutique LLC

Firm/Company

4314 Stonefield Drive

Address

Orlando, FL 32826

City/State and Zip Code

shantavius_cabral@yahoo.com

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

For further information concerning this matter, please call:

Shantavius Cabral

760

214-4427

at ()

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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2014 FEB 11 PM 12:48
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IKandii Boutique 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:

4314 Stonefield Drive

Orlando, FL 32826

Mailing Address:

4314 Stonefield Drive

Orlando, FL 32826

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:

Franklin Cabral

Name

103 Kasey Drive

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

Orlando, FL 32826

FL

City, State, and Zip

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2014 FEB 11 PM 12:48
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)

Page 1 of 2

DATE 12/10/13

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

Shantavius Cabral MGR
4314 Stonefield Dr
Orlando, Fl. 32826

MGR

Franklin Cabral MGR
103 Kasey Dr.
Orlando, Fl. 32807

MGRM

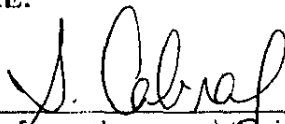
Jennifer Webster MGRM
9811 Farmstead Dr.
Loveland, Oh. 45140

(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.)

Shantavius Flanders- Cabral

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)

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DEPT. OF STATE
TALLAHASSEE FLORIDA